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28th IAACN Annual Scientific Symposium
 "Immunization, Inoculation or Vaccination;
 Navigating the Consequences with Clinical
 Nutrition"

IAACN
 400 Chisholm Place, Ste. 303
 Plano, TX 75075
 Office: 972-407-9089
 Fax: 972-250-0233
khenry@clinicalnutrition.com

Registration: October 23, 2019 4-8PM
 Main Sessions: October 24-26, 2019

Dallas/Plano Marriott at Legacy Town Center
 7121 Bishop Road
 Plano, TX 75024 Tel: 972-473-6444
 IAACN Room Rate: \$189.00

Name/Credential: _____
 (desired spelling and credential to appear on name badge)

Telephone: _____ Fax: _____

Address: _____
 City: _____ State: _____ Zip Code: _____

REQUIRED EMAIL: _____

Deadline Dates	<u>7/1</u>	<u>7/2- 9/2</u>	Onsite
IAACN MEMBERS	\$545	\$600	\$675

If you are not a Member you will automatically be charged the non-member rate.

NON-MEMBERS \$795 \$850 \$925

OFFICE APPROVAL REQUIRED FOR BELOW

FULL TIME STUDENT \$445 \$500 \$575
 PGSCN PROGRAM- NEW CCN \$299 \$349 \$399

CCNS EXCLUDED BELOW

SPOUSE \$320 \$375 \$450
 STAFF \$370 \$425 \$500

*Spouse & Staff registration must be paid by attending member/nonmember.

Spouse/Staff Name If Attending: _____

Additional Staff Name If Attending: _____

Spouse/Staff **Required Email:** _____



PLEASE NOTE: In an attempt to conserve paper whenever possible, **We Will Not Be Printing Presentations.** Once your registration has been processed you will be provided a unique conference code to access the presentations online. We encourage you to view all files electronically by downloading and saving the PDFs on your desktop/electronic device in order to have convenient access to them at any time during the conference without having to connect to the internet. If this is not possible, please print and bring the presentations along with you to the conference. Go to www.iaacn.org registration page with unique conference code to access & download presentations.

IAACN Greet & Meet Social Mixer - Friday Night 6-8PM October 25, 2019
 (Check if you plan to attend)

CREDIT CARD# _____ Exp. Date _____ CVC Code: _____ Visa/Mastercard/AMX/Discover

CHECK Payable to IAACN# _____ Credit Card Billing Zip Code: _____

TOTAL FEES INCLUDED: \$ _____ TOTAL ATTENDING: _____

**NO REFUNDS AFTER
 7/01/2019**

VERIFY RECEIPT WITH THE OFFICE: 972-407-9089