



## REGISTRATION FORM

### 26th ISPN Annual Conference

**Instructions:**

Please complete all items on this registration form. Type or print legibly. Keep one copy of this completed form for your records. **Save money by registering prior to March 1, 2024!**

All fees are quoted in U.S. funds.

**Registration and Badge Information**

**(Please Type or Print Clearly):**

**This is how your badge will read.** Registration by phone will not be accepted.

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Nickname (Used for Badge): \_\_\_\_\_  
 Credentials: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_  
 Country: \_\_\_\_\_

**Attendee Contact Information:**

Daytime Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

(Please provide an email address to receive confirmation of registration. Please print clearly!)

**Membership Information:**

Current member of ISPN  
 Non-member  
 Joining ISPN while registering for the Conference (must complete membership application).  
 \* Membership will be active now through June 30, 2025. (July 1 - June 30 membership year).

\* Option to join ISPN while registering for the Annual Conference is only available to those individuals who have never belonged to ISPN. Past members who would like to renew and take advantage of the member discount for registration can renew online at [ispn-psych.org](http://ispn-psych.org), or contact the ISPN membership department at [info@ispn-psych.org](mailto:info@ispn-psych.org) or +1-608-443-2463.

# ISPN 2024

## PROVIDENCE, RI

APRIL 3-6, 2024 • OMNI PROVIDENCE HOTEL



Psychiatric Mental Health Nurses:  
 The Power of Leading, Connecting, and Healing

**Membership Renewal:**

July 1, 2024 to June 30, 2025. All fees are quoted in U.S. dollars.

Full: \$150     Student: \$35     Retired: \$60

**Nursing Contact Hours:**

Yes, I would like to receive nursing contact hours  
 State Licensed In: \_\_\_\_\_  
 License Number (required): \_\_\_\_\_  
 No, I do not wish to receive nursing contact hours

**Dietary Restrictions:**

Are you vegetarian?  Yes  No  
 Other: \_\_\_\_\_

**ISPN Foundation Event:**

**Thursday, April 4, 2024 • 7:00 - 9:00 p.m.**

The theme for this year's ISPN Foundation Event will be "Healing through Connection."

The Foundation Dinner and Auction will be a great time to meet the keynote speakers in a casual environment along with supporting the ISPN Historical Archiving initiative. Catch up with old colleagues and meet new colleagues at the ISPN Foundation Event. This event is open to everyone.

A silent and live auction will take place to raise funds to support scholarships to assist graduate students and international members, research grants, endowment for the Foundation, and ISPN sponsored events. Tickets are \$100 per person, students will receive a \$50 discount. Please plan to bring an item to donate to the auction. (Think about not only items, but experiences as well!)

Number of Standard Tickets \_\_\_\_\_ X \$100 each = \$ \_\_\_\_\_

Number of Student Tickets \_\_\_\_\_ X \$50 each = \$ \_\_\_\_\_

**ISPN Pre-Meeting Workshop:  
Psychiatric Mental Health Nurses: The Power of  
Understanding and Leading Holistic Care for Individuals  
Diagnosed with Autism Spectrum Disorder  
Wednesday, April 3, 2024 • 1:00 p.m. - 5:00 p.m.**

	<b>On or Before 3/1/2024</b>	<b>After 3/1/2024</b>
<input type="checkbox"/> Member	\$190 USD	\$240 USD
<input type="checkbox"/> Non-member	\$225 USD	\$275 USD
<input type="checkbox"/> Student	\$140 USD	\$190 USD

+Include a copy of your student ID as proof of your student status.

**ISPN Annual Conference:  
Thursday, April 4 - Saturday, April 6, 2024**

	<b>On or Before 3/1/2024</b>	<b>After 3/1/2024</b>
<input type="checkbox"/> Member	\$575 USD	\$675 USD
<input type="checkbox"/> Non-member	\$725 USD	\$825 USD
<input type="checkbox"/> Joining ISPN with the Conference	\$695 USD	\$795 USD
<input type="checkbox"/> Student+	\$275 USD	\$325 USD

+Include a copy of your student ID as proof of your student status.

**One-Day Registration at Annual Conference**

	<b>On or Before 3/1/2024</b>	<b>After 3/1/2024</b>
<input type="checkbox"/> Member	\$375 USD	\$425 USD
<input type="checkbox"/> Non-member	\$425 USD	\$475 USD
<input type="checkbox"/> Student+	\$125 USD	\$150 USD

+Include a copy of your student ID as proof of your student status.

Please check the date of attendance:  
 Thursday  Friday  Saturday

**Registration Discounts:**  
 One discount is allowed per registrant. Please check the box that may be applicable to your registration fee:

Annual Conference Lead Presenter Concurrent Session/Workshop (\$50 credit)  
 (must register for the entire Annual Conference to receive the discount)

Annual Conference Lead Poster Presenter (\$25 credit)  
 (must register for the entire Annual Conference to receive the discount)

**General Information:**  
 Email confirmation will be sent upon registering. If you do not receive confirmation, please contact the ISPN office at [info@ispn-psych.org](mailto:info@ispn-psych.org) or +1-608-443-2463, ext. 144, to verify that your registration form has been received.

**Online Attendee Directory:** All attendees and exhibitors will have access to this directory which will include your name, credentials, city, state, country, and email address.

Yes, I agree to be listed in the Online Attendee Directory.  
 No, I do not agree to be listed in the Online Attendee Directory.

**Photo Release:** ISPN captures photographs and video during the meeting for future marketing purposes in print and electronically. Please indicate your consent below:

Yes, I provide consent to ISPN to use my photo for marketing purposes in print and electronically.  
 No, I do not provide consent to ISPN to use my photo for marketing purposes in print and electronically.

**Special Assistance:**  
 Please check here if you need special assistance (an ISPN staff member will contact you for more details).

**Emergency Contact Information:**  
 Emergency Contact Name: \_\_\_\_\_  
 Emergency Contact Phone Number: \_\_\_\_\_

**Fees:**  
 Please total your fees from the different categories included on this registration form. ISPN's Federal Tax ID#: 36-2905672.

Membership Renewal:	\$ _____
Annual Conference Registration:	\$ _____
Pre-Meeting Workshop:	\$ _____
Foundation Event:	\$ _____
Foundation Donation:	\$ _____
<b>Sub-total:</b>	\$ _____

One Presenter Discount (if applicable): \$ \_\_\_\_\_  
**Grand Total:** \$ \_\_\_\_\_  
 (Please include this amount with your registration form)

**Cancellation:**  
 Any Annual Conference registration cancellation must be made in writing directly to the ISPN. If received on or before March 4, 2024, ISPN will apply a \$100 administrative fee and refund the remainder after the meeting. After March 4, 2024, no refund will be given.

**Payment:**  
 Payment must accompany each registration form. International registrants must submit payment in U.S. dollars, drawn on a U.S. bank. Registration forms not including the proper registration fee will be returned immediately. Please do not send cash.

- Check (made payable in U.S. funds to ISPN)  
 American Express/Discover/MasterCard/Visa

Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
 Card Holder Name (please print clearly): \_\_\_\_\_  
 \_\_\_\_\_  
 Card Holder Signature: \_\_\_\_\_  
 \_\_\_\_\_

Mail or email this registration form with payment (no purchase orders, please) to the ISPN main office, as noted on page one of this form. Or, register online at: [ispn-psych.org](http://ispn-psych.org) (under Conference).

**ISPN Contact Information:**  
**ISPN**  
 2424 American Lane  
 Madison, WI 53704 USA

For more information, call or email:

Telephone: +1-608-443-2463  
 Email: [info@ispn-psych.org](mailto:info@ispn-psych.org)  
 Website: [ispn-psych.org](http://ispn-psych.org)