



The International Society of Psychiatric-Mental Health Nurses Presents

ISPN 2026

March 18-21, 2026 • Grand Hyatt Seattle

REGISTRATION FORM

28th 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 February 16th, 2026!**

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, 2027. (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, or contact the ISPN membership department at info@ispn-psych.org or +1-608-443-2463.*

Membership Renewal:

July 1, 2026 to June 30, 2027. All fees are quoted in U.S. dollars.

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

ISPN has created two discounted full membership levels for those individuals living in LMIC as designated by the World Bank. ISPN Membership team will be confirming the residing country and appropriateness of the use of these codes.

☐ Upper Middle and Middle Countries: \$60

☐ Low and Lower Middle Countries: \$10

ISPN Foundation Event:

Thursday, March 19, 2026 • 6:30 - 9:00 p.m.

Get ready for a fantastic evening! The Foundation Dinner and Auction is your chance to mingle with our keynote speakers in a relaxed, social setting while supporting the ISPN Historical Archiving initiative, scholarships, and research grants. It's the perfect opportunity to reconnect with familiar faces and meet new colleagues—everyone is welcome to join the fun!

We'll have both silent and live auctions to raise funds for graduate student and international member scholarships, research grants, the Foundation endowment, and ISPN-sponsored events.

And don't forget—bring an item or experience to donate! (Think creative, unique, or just plain fun!)

NEW This Year: VIP Tickets!

Upgrade your night with:

- VIP ribbon
- Extra drink ticket
- First look at auction items
- Last bid opportunity
- Reserved seating
- Photo with the Board
- Exclusive ISPN swag bag

Number of VIP Tickets _____ X \$200 each = \$ _____

Number of Early Bird* Standard Tickets _____ X \$125 each = \$ _____

Number of Standard Tickets _____ X \$150 each = \$ _____

Number of Student Tickets _____ X \$75 each = \$ _____

**Purchased on or before February 16, 2026*

ISPN Pre-Meeting Workshops:

Wednesday, March 18, 2026

• **Workshop 1 • 9:00 a.m. - 12:00 p.m.**

Brains, Bots, and Better Care: Bringing AI into Therapy and Med Management

• **Workshop 2 • 1:00 p.m. - 4:00 p.m.**

Treating Opioid Use Disorder with Buprenorphine: Best Practices in Diverse Clinical Settings

Member	On or Before 2/16/2026		After 2/16/2026	
	Credit Card	ACH	Credit Card	ACH
<input type="checkbox"/> Workshop 1	\$196 USD	\$190 USD	\$246 USD	\$240 USD
<input type="checkbox"/> Workshop 2	\$196 USD	\$190 USD	\$246 USD	\$240 USD
<input type="checkbox"/> Workshop 1 & 2	\$298 USD	\$289 USD	\$374 USD	\$365 USD
Non-Member				
<input type="checkbox"/> Workshop 1	\$232 USD	\$225 USD	\$282 USD	\$275 USD
<input type="checkbox"/> Workshop 2	\$232 USD	\$225 USD	\$282 USD	\$275 USD
<input type="checkbox"/> Workshop 1 & 2	\$353 USD	\$342 USD	\$429 USD	\$418 USD
Student*				
<input type="checkbox"/> Workshop 1	\$145 USD	\$140 USD	\$195 USD	\$190 USD
<input type="checkbox"/> Workshop 2	\$145 USD	\$140 USD	\$195 USD	\$190 USD
<input type="checkbox"/> Workshop 1 & 2	\$220 USD	\$213 USD	\$296 USD	\$289 USD

ISPN Annual Conference:

Wednesday, March 18 - Saturday, March 21, 2026

	On or Before 2/16/2026		After 2/16/2026	
	Credit Card	ACH	Credit Card	ACH
<input type="checkbox"/> Member	\$613 USD	\$595 USD	\$714 USD	\$695 USD
<input type="checkbox"/> Non-member	\$799 USD	\$775 USD	\$874 USD	\$850 USD
<input type="checkbox"/> Joining ISPN with the Conference	\$738 USD	\$720 USD	\$838 USD	\$820 USD
<input type="checkbox"/> Student*	\$305 USD	\$295 USD	\$360 USD	\$350 USD

One-Day Registration at Annual Conference

	On or Before 2/16/2026		After 2/16/2026	
	Credit Card	ACH	Credit Card	ACH
<input type="checkbox"/> Member	\$412 USD	\$400 USD	\$462 USD	\$450 USD
<input type="checkbox"/> Non-member	\$464 USD	\$450 USD	\$514 USD	\$500 USD
<input type="checkbox"/> Student*	\$154 USD	\$150 USD	\$179 USD	\$175 USD

Please check the date of attendance:

☐ Thursday ☐ Friday ☐ Saturday

Bundle: One Pre-Conference Workshop & Annual Meeting

	On or Before 2/16/2026		After 2/16/2026	
	Credit Card	ACH	Credit Card	ACH
<input type="checkbox"/> Member	\$732 USD	\$710 USD	\$864 USD	\$842 USD
<input type="checkbox"/> Non-member	\$909 USD	\$882 USD	\$1040 USD	\$1013 USD
<input type="checkbox"/> Student*	\$404 USD	\$392 USD	\$498 USD	\$486 USD

Bundle: Two Pre-Conference Workshops & Annual Meeting

	On or Before 2/16/2026		After 2/16/2026	
	Credit Card	ACH	Credit Card	ACH
<input type="checkbox"/> Member	\$807 USD	\$783 USD	\$964 USD	\$940 USD
<input type="checkbox"/> Non-member	\$1022 USD	\$992 USD	\$1150 USD	\$1120 USD
<input type="checkbox"/> Student*	\$474 USD	\$460 USD	\$598 USD	\$584 USD

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



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: _____

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 or +1-608-443-2463 to verify that your registration form has been received.

Data Sharing Notice: Please note that limited personal data (such as your name) may be shared by ISPN with the conference hotel for the sole purpose of cross-checking conference registrations against hotel reservations. This information will be used only to facilitate accommodation arrangements and will not be used for any other purpose.

☐ I acknowledge and agree to the above. ☐ I do NOT agree to the above.

Consent for Photography: During the annual conference, we may take photographs of activities involving participants to share the conference experience. Some photographs may capture your participation, directly or indirectly. These photos may be published via various media, which may include our website, news bulletins, and email marketing. We ask for your consent in allowing us to publish photos which may involve you to the said platforms. Please provide your response by selecting your choice below and submitting this information along with your registration.

☐ I hereby give consent for the use of any photographs featuring me and, if applicable, my guests.

☐ I do NOT give my consent for the use of any photographs featuring me and, if applicable, my guests.

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: _____

ISPN Contact Information:

ISPN

4300 Duraform Lane, Suite A • Windsor, WI 53598 USA

For more information, call, email, or visit:

Phone: 1-608-443-2463

Email: info@ispn-psych.org

Website: ispn-psych.org

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(s): \$ _____

Bundle Registration: \$ _____

Foundation Event: \$ _____

Foundation Donation: \$ _____

Sub-total: \$ _____

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 February 18, 2026, ISPN will apply a \$100 administrative fee and refund the remainder after the meeting. After February 18, 2026, 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. *A credit card processing fee is automatically applied to online credit card payments. To avoid the fee, pay by check or ACH.*

☐ 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: _____

☐ ACH Payment

Bank Name (Must Be United State Bank): _____

Account Type (Checking/Savings): _____

Routing Number: _____

Account Number: _____

I authorize the initiation of ACH debit entry to my account at the financial institution listed below for the amount listed above.

Signature: _____

Billing Address:

Street: _____

City: _____

State/Province: _____

Country: _____ ZIP: _____

• Mail or email this registration form with payment (no purchase orders, please) to the ISPN main office, as noted on the left side of this form.

Or, register online at ispn-psych.org (under Conference). •