



MISSISSIPPI SCHOOL NURSE ASSOCIATION

20TH ANNIVERSARY CONFERENCE—April 17-19, 2013

“Excellence in Health: Supporting Education”

The Natchez Grand Hotel 111 Broadway Street Natchez, MS 39120		For hotel reservations: 601 446 9994 806 488 0898		Room rates (thru March 17, 2013): Single/Double, \$109/night Rate code: MSNA413	
NAME			EMAIL		SCHOOL DISTRICT
MAILING ADDRESS Street _____ Apt. _____			PHONE (best #) _____		FAX _____
County _____ State _____ Zip _____			Plan to attend pre-conference sessions: <input type="checkbox"/> Yes <input type="checkbox"/> No		
REGION <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Don't know			Plan to attend Wednesday Welcome Reception: <input type="checkbox"/> Yes <input type="checkbox"/> No		
CERTIFICATION <input type="checkbox"/> NBCSN, yes <input type="checkbox"/> NBCSN, no <input type="checkbox"/> Other _____			Plan to attend Thursday Night Gala: <input type="checkbox"/> Yes <input type="checkbox"/> No		
BASIC REGISTRATION Please check, then add all categories that apply:			GUEST REGISTRATION		
<input type="checkbox"/> MSNA/NASN MEMBER: \$215.00 _____ <input type="checkbox"/> NON-MEMBER, \$350.00 _____ <input type="checkbox"/> RETIRED SCHOOL NURSE: \$75.00 _____ <input type="checkbox"/> MSNA/NASN MEMBERSHIP REGISTRATION FEES COMBINED: \$335.00 _____ Special Fees: <input type="checkbox"/> THURSDAY GALA (awards ceremony, food, entertainment): \$20.00 _____ <input type="checkbox"/> LATE FEE (after 4/3/13): \$25.00 _____ TOTAL REGISTRATION FEES DUE \$ _____			Please complete this section to register a guest for Thursday lunch, snacks, and/or special events: NAME: _____ <input type="checkbox"/> Thursday lunch, break snacks: \$30.00 _____ <input type="checkbox"/> Thursday Gala: \$25.00 _____ TOTAL GUEST FEES DUE \$ _____ (Please make out separate check to MSNA for this amount. Guests must be pre-registered to participate in meals and special events; guest name tags will be provided.)		
Visit our web site: http://www.schoolnursems.org					

Please mail this form and payment to: MSNA Conference Registration c/o Christy Stevens MSNA Treasurer 108 Glenwood Lane Madison, MS 39110 Please make checks/money orders payable to MSNA (Purchase Orders Are Not Accepted)		CANCELLATION POLICY Requests to cancel will be honored thru April 8, 2013. Telephone cancellations must be confirmed via email within 7 days of the request. Refunds, less a \$25 processing fee, will be mailed within 30 days. Registration and/or cancellation questions should be submitted to: jolueckenbach@msn.com	
For Office Use Only	Date Received	Check No.	Deposit No.
Receipt No.	Receipt Email Date	Cancellation Date	Refund/Check No.