2026 KS LEGISLATIVE & ADVOCACY CONFERENCE MATER DEI EVENT CENTER ♦ MARCH 4, 2026 ♦ TOPEKA, KS

PROVIDED BY THE KANSAS STATE NURSES ASSOCIATION

GROUP/SCHOOL REGISTRATION PAYMENT FORM

PLEASE TYPE OR PRINT			
Name of Group/School:			
Group/School Contact P	erson:		
Address:			
City:		State:	Zip:
Fmail:			
2026 REGISTRATION FEES			
_	-		. Meal reservations and packets completed registration list are
•	•		ors you wish to register below.
	es of individuals planning to att on List available on the KSNA w		e & Advocacy Conference on the
Indicate on the Group/S (at the venue) or virtual	_	r the individuals will b	be attending the event in-person
4) Submit both forms by en	nail to the KS State Nurses Asso	ociation office by <u>Febr</u>	ruary 13
_	KSNA Member		\$ 75.00
_	Non-Member Faculty – KSNA Member Faculty – Non-Member		\$ 90.00
-			\$ 75.00
-			\$ 90.00
-	Pre-Licensure Students	•	\$ 40.00
	TOTAL A	mount Enclosed	\$
PAYMENT METHOD			
\$ Tota	l Amount Enclosed		
☐ Check enclosed (Make	checks payable to the Kansas St	ate Nurses Association	1)
Charge my Credit Card	d [] Mastercard []	VISA [] Ame	erican Express [] Discover
Card #		Exp Date:	Billing Zip Code:
Card Issued to:			CVV:
·	Please type or print)		
Cardholder Email:			(If different than registrant email)
REFUND/CANCELLATION POLICY			

DEADLINE FOR REGISTRATION: FEBRUARY 13, 2026

1, 2026. There will be no refunds due to inclement weather.

We encourage you to send a qualified substitute if you cannot attend. Registration fees, less a \$25.00 enrollment processing fee, will be refunded to participants who cannot attend and notify the KSNA office in writing of the cancellation before February 1, 2026. No refunds will be made after February

EMAIL COMPLETED FORM(S) TO: SARA@VTLS.ORG

KANSAS STATE NURSES ASSOCIATION ◆ 217 OSCAR DRIVE, SUITE C ◆ JEFFERSON CITY, MO 65101

QUESTIONS ◆ 573-636-4623