

2024 KSNA LEGISLATIVE & ADVOCACY CONFERENCE

ON-DEMAND ♦ CONTENT OPENS MARCH 1, 2024

PROVIDED BY THE KANSAS STATE NURSES ASSOCIATION & THE MIDWEST MULTISTATE DIVISION

GROUP REGISTRATION PAYMENT FORM

PLEASE TYPE OR PRINT

Name of Group/School: _____

Group/School Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

2024 REGISTRATION FEES

- 1) Please indicate the total number of students and faculty you wish to register in the spaces below.
- 2) Please list (type) the names of each individual planning to attend the Legislative & Advocacy Conference on the Group Registration List available on our website.
**For those registering licensed, practicing RNs/APRNs, please also mark on the Group Registration List if the individual plans to participate in the live, in-person Capitol Experience on March 13.*
**For those registering prelicensure students, indicate if they are interested in participating in the Capitol Experience on March 13 if space allows.*
- 3) Submit both forms by email or mail to the Kansas State Nurses Assoc office by February 23 – *email preferred*

_____ KSNA Member	\$ 60.00
_____ Non-Member	\$ 75.00
_____ Student – Undergraduate/Pre-Licensure	\$ 30.00
TOTAL Amount Enclosed	\$ _____

PAYMENT METHOD

\$ _____ Total Amount Enclosed

☐ Check (Payable to the Kansas State Nurses Association)

☐ Charge to: [] Mastercard [] VISA [] American Express [] Discover

Card # _____ Exp Date: _____ CVV: _____

Billing Address, City & State: _____ Billing Zip: _____

Card Issued to: _____
(Please type or print)

Cardholder Email: _____ (If different than registrant email)

REFUND/CANCELLATION POLICY

We encourage you to identify a qualified substitute if you cannot participate. Registration fees, less a \$25.00 enrollment processing fee, will be refunded to participants who cannot attend and notify the Kansas State Nurses Association/Midwest MSD office in writing of the cancellation before February 1, 2024. No refunds will be made after February 1, 2024.

DEADLINE FOR REGISTRATION: FEBRUARY 23, 2024

EMAIL, MAIL OR FAX COMPLETED FORM(S) TO:

KANSAS STATE NURSES ASSOCIATION ♦ 3340 AMERICAN AVE. STE. F ♦ JEFFERSON CITY, MO 65109

FAX ♦ 573-636-9576

EMAIL ♦ SARA@MIDWESTNURSES.ORG

QUESTIONS ♦ 785-233-8638