

# 2026 KSNA LEGISLATIVE & ADVOCACY CONFERENCE

## MATER DEI EVENT CENTER ♦ MARCH 4, 2026 ♦ TOPEKA, KS

PROVIDED BY THE KANSAS STATE NURSES ASSOCIATION / VTL CENTER FOR PROFESSIONAL DEVELOPMENT

### GROUP/SCHOOL REGISTRATION PAYMENT FORM

#### PLEASE TYPE OR PRINT

Name of Group/School: \_\_\_\_\_

Group/School Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### 2026 REGISTRATION FEES

The registration fee includes in-person event materials and lunch on March 4. Meal reservations and packets will not be prepared until the group registration fee, registration form and completed registration list are received.

- 1) Please indicate the total number of individuals, students, faculty and legislators you wish to register below.
- 2) Please provide the names of individuals planning to attend the KSNA Legislative & Advocacy Conference on the Group/School Registration List available on the KSNA website.
- 3) Indicate on the Group/School Registration List whether the individuals will be attending the event in-person (at the venue) or virtually (online).
- 4) Submit both forms by email to the KS State Nurses Association office by February 13

_____	KSNA Member	\$ 75.00
_____	Non-Member	\$ 90.00
_____	Faculty – KSNA Member	\$ 75.00
_____	Faculty – Non-Member	\$ 90.00
_____	Pre-Licensure Students	\$ 40.00
<b>TOTAL Amount Enclosed</b>		\$ _____

#### PAYMENT METHOD

\$ \_\_\_\_\_ Total Amount Enclosed

Check enclosed (Make checks payable to the Kansas State Nurses Association)

Charge my Credit Card [ ] Mastercard [ ] VISA [ ] American 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**

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

**DEADLINE FOR REGISTRATION: FEBRUARY 13, 2026**

**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**