MISSISSIPPI SCHOOL NURSE ASSOCIATION

21st ANNUAL CONFERENCE—April 9 - 11, 2014

Natchez Convention Center

"MSNA: Contributing to the Health and Well-being of all Students with Integrity and Excellence"

The Natchez Grand Hotel *111 Broadway Street Natchez, MS 39120*	***For hotel reservations:*** *601 446 9994 or 866 488 0898* ***Promotional code: MSNA***	***Room rates (thru March 9, 2014):*** ***Single/Double, $127.95/night*** ***(includes $8.95 amenities/tourism fees)***

(Tax-exempt letter must be provided to hotel at check-in)

NAME	**EMAIL** **DAY PHONE**
MAILING ADDRESS ***Street*** ***Apt.***	**EMPLOYER**
City **State** **Zip**	Plan to attend Pre-conference sessions: ☐Yes ☐No
REGION ☐North ☐South ☐East ☐West ☐Don't know	Plan to attend Wednesday Welcome Reception: ☐Yes ☐No
CREDENTIALS ☐RN (A.D.) ☐BSN ☐MSN ☐NCSN ☐Other _____	Plan to attend Thursday Awards Banquet/Luncheon: ☐Yes ☐No

BASIC REGISTRATION FEES **(Please check, then add all categories that apply)**	**GUEST REGISTRATION**
☐MSNA/NASN MEMBER *(currently a member)*---------- $215.00 ☐NON-MEMBER ---------- $350.00 ☐RETIRED SCHOOL NURSE *(65 and over who are unemployed)*-- $ 75.00 ☐***JOIN/REGISTER OPTION (includes registration fee plus annual NASN/MSNA dues) *Completed NASN membership application must be attached; please download registration and NASN membership application at www.schoolnursems.org and submit together*---------- $335.00** ☐**LATE FEE** *(registration and payment should be received by* ***March 26, 2014*** *in order to avoid late fees)* ---------- $ 35.00 ☐**ON-SITE REGISTRATION ---------- $ 50.00** ***TOTAL REGISTRATION FEES DUE*** **$_____**	Please complete this section to register a guest/s for break-time snacks and/or the Thursday Awards Banquet/Luncheon: NAME: _____ ☐Break-time snacks ---------- $10.00 ☐Thursday Awards Banquet/Luncheon ----------$20.00 **TOTAL GUEST FEES DUE** **$_____** (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.)

PLEASE MAKE CHECKS/MONEY ORDERS PAYABLE TO *MSNA*. (PURCHASE ORDERS ARE NOT ACCEPTED)

Please mail this form and payment to:

MSNA Conference Registration
c/o Christy Stevens
MSNA Treasurer
108 Glenwood Lane
Madison, MS 39110

CANCELLATION POLICY: Requests to cancel will be honored thru *April 1, 2014*. 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: cmagee@simpson.k12.ms.us

Receipts will be available for pick-up at the conference check-in table; please note we are unable to provide receipts directly to your employer.

Visit our web site: http://www.schoolnursems.org