

2020 MASN SPRING CONFERENCE REGISTRATION FORM

NAME _____

Credentials: (Circle all that apply) HA MA LPN RN BS BA MSN MEd MS MA PhD NCSN Other _____
Health Aides are welcome to attend. If nursing student, school _____

Home Address _____
Street City State Zip

School District _____ Assigned Schools _____

Phones: Cell _____ Work _____ Home _____

Email: School _____ Personal email _____

MEMBERSHIP (Select one):

- I am a current member (renewed in last 12 months) \$ 0
- I would like to join/rejoin to register for the conference at reduced rate
 - I am joining online <http://missourischoolnurses.org/applications/>
 - I am joining now, with this registration.
 - MASN RN membership \$ 35
 - MASN LPN membership \$ 20
- I'd like to serve on a committee I'd like to serve as an officer Membership \$ _____

REGISTRATION FEE (Select one):

- MASN Member** Registration Fee (Postmarked by March 17, 2020) \$145
 - Non-Member Registration Fee (Postmarked by March 17, 2020) \$190
 - Health Aide/Student Nurse Fee (Postmarked by March 17, 2020) \$125
 - MASN Member LATE** Registration Fee (Postmarked on/after March 18, 2020) \$185
 - Non-Member LATE Registration Fee (Postmarked on/after March 18, 2020) \$230
 - Health Aide/Student Nurse Late Fee (Postmarked on/after March 18, 2020) \$165
- Registration \$ _____
TOTAL DUE \$ _____

NO PURCHASE ORDERS ACCEPTED *Make check payable to MASN*

Refund policy: Refunds, minus a \$35 administration fee, will be available by written or electronic request. Request must reach the MASN Treasurer at pattyab@hickmanmills.org by **March 10, 2020**.

WORKSHOPS: Please mark your **first (1)** and **second (2)** choices for each concurrent session. Attendance may be limited in some sessions. Sessions are filled as paid registrations are received.

2:15-3:15 Session I ___ Vector Diseases ___ Human Trafficking ___ Stop the Bleed ___ Skills Lab
3:45-4:45 Session II ___ Diabetes Mgmt. ___ Human Trafficking ___ Concussion Mgmt. ___ Skills Lab

Photos: Registration or attendance at MASN meetings and activities constitutes an agreement by the registrant allowing MASN's use and distribution (now and in the future) of the registrant's image or voice in photographs, videos or sound recordings, and/or electronic reproductions of such events and activities whether in brochures, news media, social media, promotional publications, or any other manner not specified here.
 Check here if you do not want your picture(s) published on any MASN social media.

Contact Hours: This activity has been submitted to the Midwest Multistate Division for approval to award nursing contact hours. The Midwest Multistate Division is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission of Accreditation. **To receive contact hours** the participants must attend both days. **No contact hours awarded for Saturday dinner presentation.** For more information regarding contact hours, please call Stacey Whitney at 417-649-5710.

Meals: Breakfast each morning. Saturday lunch: Southwestern Grill (marinated grilled chicken and beef fajitas, tortillas & trimmings).

I plan to attend the optional dinner Saturday evening: Yes No

Accommodations: If you require special materials, services, or FOOD, please email Amberlee Kendrick at akendrick@cjr1.org

Mail registration & check (payable to MASN) to: Patty Buckholz, MASN Treasurer, 9001 Manning, Kansas City, MO 64138

Questions may be directed to MASN Host Conference Chair Natalie Botkin at natalie.botkin@republicschools.org