2024 MISSOURI NURSE ADVOCACY DAY

CAPITOL PLAZA HOTEL MARCH 6, 2024 JEFFERSON CITY, MO

PROVIDED BY THE MIDWEST MULTISTATE DIVISION & THE MISSOURI NURSES ASSOCIATION

GROUP/SCHOOL REGISTRATION PAYMENT FORM

PLEASE TYPE OR PRINT			
Name of Group/School:			
Group/School contact person:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Email:			

2024 REGISTRATION FEES

The registration fee includes access to on-demand content, in-person event materials and breakfast March 6. Meal reservations and packets will <u>not</u> 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 Missouri Nurse Advocacy Day on the Group/School Registration List available on the MONA website.

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3) Submit both forms by email, mail or fax to the MO Nurses Association office by February 5 - email preferred

	MONA Member			\$ 60.00			
	Non-Member				\$ 85.00		
	Faculty – MONA Member Faculty – Non-Member Students			\$ 60.00	\$ 60.00 \$ 85.00 \$ 40.00		
				\$ 85.00			
				\$ 40.00			
		TOTAL Amount Enclosed			ed \$		-
PAYMENT METHOD							
\$ To	Total Amount Enclosed						
Check enclosed (Ma	ke checks pay	able to the Miss	ouri Nurses	s Associa	tion)		
Charge my Credit Ca	ard []	Mastercard	[] VISA	۹ []	American Express	[]	Discover
Card #			Ехр [Date:	Billing Zip C	ode:	
Card Issued to:					(CVV:	
	(Please type o	r print)				-	
Cardholder Email:					(If different th	an regist	rant 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 MONA office in writing of the cancellation before February 5, 2024. No refunds will be made after February 5, 2024. There will be no refunds due to inclement weather.

DEADLINE FOR REGISTRATION: FEBRUARY 5, 2024

EMAIL COMPLETED FORM(S) TO: SARA@MIDWESTNURSES.ORG MISSOURI NURSES ASSOCIATION * 3340 AMERICAN AVE. STE. F * JEFFERSON CITY, MO 65109 QUESTIONS * 573-636-4623