

# 2026 MISSOURI NURSE ADVOCACY DAY

## CAPITAL BLUFFS EVENT CENTER ♦ FEBRUARY 25, 2026 ♦ JEFFERSON CITY, MO

PROVIDED BY 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: \_\_\_\_\_

#### 2026 REGISTRATION FEES

The registration fee includes in-person event materials and luncheon on February 25. 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 Missouri Nurse Advocacy Day on the Group/School Registration List available on the MONA website.
- 3) Submit both forms by email to the MO Nurses Association office by **February 2**

_____ MONA Member	\$ 60.00
_____ Non-Member	\$ 85.00
_____ Faculty – MONA Member	\$ 60.00
_____ Faculty – Non-Member	\$ 85.00
_____ Students	\$ 40.00
<b>TOTAL Amount Enclosed</b>	<b>\$ _____</b>

#### PAYMENT METHOD

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

Check enclosed (*Make checks payable to the Missouri 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 MONA 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 2, 2026**

EMAIL COMPLETED FORM(S) TO: SARA@VTLS.ORG

MISSOURI NURSES ASSOCIATION ♦ 217 OSCAR DRIVE, SUITE C ♦ JEFFERSON CITY, MO 65101

QUESTIONS ♦ 573-636-4623