2025 MISSOURI NURSE ADVOCACY DAY CAPITOL PLAZA HOTEL ♦ MARCH 5, 2025 ♦ 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:	_	
Email:		
2025 REGISTRATION FEES		
The registration fee includes in-person event mapackets will <u>not</u> be prepared until the group regist are received.		
1) Please indicate the total number of individuals,	students, faculty and legis	slators you wish to register below.
Please provide the names of individuals planning Registration List available on the MONA websit	_	se Advocacy Day on the Group/Schoo
3) Submit both forms by email to the MO Nurses A	Association office by Febru	uary 3
MONA Member		\$ 60.00
Non-Member	Non-Member	
Faculty – MON	Faculty – MONA Member	
Faculty – Non-N	Faculty – Non-Member	
Students		\$ 40.00
т	OTAL Amount Enclosed	\$
PAYMENT METHOD		
\$ Total Amount Enclosed		
☐ Check enclosed (Make checks payable to the M	Aissouri Nurses Association)
☐ Charge my Credit Card [] Mastercard	l [] VISA [] A	merican 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 3, 2025. No refunds will be made after February 3, 2025. There will be no refunds due to inclement weather.

DEADLINE FOR REGISTRATION: FEBRUARY 3, 2025

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

MISSOURI NURSES ASSOCIATION ◆ 3340 AMERICAN AVE. STE. F ◆ JEFFERSON CITY, MO 65109

QUESTIONS ◆ 573-636-4623