



Nov. 4th, 2011

ACH East Campus

Children's Hall A and B

Little Rock, AR

CONFERENCE REGISTRATION

Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____

School District: _____ County: _____

Are you a member of NASN/ASNA? (Membership is paid directly to NASN) Yes No

NASN/ASNA Member Number _____

Nursing Licensure: LPN RN APN Nursing Degree: Diploma ADN BSN MSN PhD

Are you a Nationally Certified School Nurse? Yes No

Conference Fee: \$ 50.00 – Member Fee

Late Fee: None if paid by: 10/21/2011

\$100.00 – Non Member Fee

\$20 if paid on or after 10/22/2011

Total Fees Enclosed: \$ _____

Fees must accompany this form and be paid by check!! No PO's Accepted

Make checks payable to: Arkansas School Nurses Association

Mail to: PO Box 380

Cabot, AR 72023

Payments are non-refundable after Oct. 28th

Registration cost includes a breakfast snack with coffee and a boxed or catered meal on the premises. For questions regarding registration, please contact Valerie Beshears, ASNA President at 479-597-0430 or Kathey Haynie, ASNA Past-President at 501-920-7974 after 5 PM.