



# ARKANSAS SCHOOL NURSES ASSOCIATION

## Conference Registration/Membership Form

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

COUNTY: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

NURSING LICENSE # (FOR CONTINUING EDUCATION PACKET): \_\_\_\_\_

NURSING DEGREE (CIRCLE ONE)

LPN    DIPLOMA RN    ASSOCIATE RN    BSN    MSN    APN    OTHER: \_\_\_\_\_

OTHER ORGANIZATIONS IN WHICH YOU ARE A MEMBER: \_\_\_\_\_

Are you a member of NASN?    YES    NO

Are you a certified School Nurse?    YES    NO

**Will you be attending Meet and Greet the Thursday night prior to the conference?    YES    NO**

| TYPE OF FEE                   | AMOUNT DUE | CHECK ANY THAT APPLY |
|-------------------------------|------------|----------------------|
| ASNA Membership Fee           | \$30.00    |                      |
| Member Conference Fee         | \$50.00    |                      |
| Non-member Conference Fee     | \$100.00   |                      |
| <i>*TOTAL AMOUNT ENCLOSED</i> |            |                      |

**PLEASE MAKE CHECKS PAYABLE TO:** Arkansas School Nurses Association  
PO Box 380  
Cabot, AR 72023

**\* PAYMENTS ARE NON-REFUNDABLE TO THE FALL CONFERENCE AFTER OCTOBER 15<sup>th</sup>.**

**\* PAYMENTS ARE NON-REFUNDABLE TO THE SPRING CONFERENCE AFTER APRIL 15<sup>th</sup>.**

*Registration cost includes a breakfast snack with coffee and a boxed or catered meal on the premises.*

For questions regarding registration, please contact the ASNA President or President-elect after 5 PM. Contact numbers are available on the ASNA website at [www.arksna.com](http://www.arksna.com).

