

2024 NE NURSES DAY AT THE LEGISLATURE VIRTUAL, ON-DEMAND EVENT | CONTENT OPENS FEBRUARY 22

PROVIDED BY THE NEBRASKA NURSES ASSOCIATION & THE MIDWEST MULTISTATE DIVISION

GROUP REGISTRATION PAYMENT FORM

PLEASE TYPE OR PRINT

Name of Group/School: _____

Group/School contact person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

2024 REGISTRATION FEES

- 1) Please indicate the total number of RNs, APRNs, and students you wish to register in the spaces below.
- 2) Please list (type) the names of each individual planning to participate in the Nebraska Nurses Day at the Legislature On-Demand on the Group Registration List available on our website.
**For those registering licensed, practicing RNs/APRNs, please also mark on the Group Registration List if the individual plans to participate in the live, in-person Capitol Experience on February 22.*
**For those registering prelicensure students, indicate if they are interested in participating in the Capitol Experience on February 22 if space allows.*
- 3) Submit both forms by email, fax or mail to the Nebraska Nurses Assoc office by February 16 – *email preferred*

_____ RN	\$ 75.00
_____ APRN	\$ 75.00
_____ Pre-Licensure Student	\$ 30.00
TOTAL Amount Enclosed	\$ _____

PAYMENT METHOD

\$ _____ Total Amount Enclosed

Check (*Payable to the Nebraska Nurses Association*)

Charge to: [] Mastercard [] VISA [] American Express [] Discover

Card # _____ Exp Date: _____ CVV: _____

Billing Address, City & State: _____ Billing Zip: _____

Card Issued to: _____
(Please type or print)

Cardholder Email: _____ (If different than registrant email)

REFUND/CANCELLATION POLICY

We encourage you to identify a qualified substitute if you cannot participate. Registration fees, less a \$25.00 processing fee, will be refunded to participants who cannot participate and notify the NNA/MSD office in writing of the cancellation by February 1, 2024. No refunds will be made after February 1, 2024.

DEADLINE FOR REGISTRATION: FEBRUARY 16, 2024

EMAIL, MAIL OR FAX COMPLETED FORM(S) TO:

NEBRASKA NURSES ASSOCIATION ♦ C/O 3340 AMERICAN AVE. STE. F ♦ JEFFERSON CITY, MO 65109

FAX ♦ 573-636-9576

EMAIL ♦ SARA@MIDWESTNURSES.ORG

QUESTIONS ♦ 888-885-7025