

2012 NURSE LEGISLATIVE DAY

REGISTRATION FORM

Learn about the critical issues facing nurses, nursing and health in Washington this year, but most importantly, you'll discover how you can make a difference in Olympia.

MONDAY, FEBRUARY 13TH, 2012

Overview of WSNA priorities for 2012

Issues WSNA will work on in the next legislative session and how you can get involved

Great Wolf Lodge
20500 Old Highway 99 SW
Centralia, WA 98531

Implications of the State Budget Crisis

Hear the latest budget proposals and what it means to critical health programs in Washington State

Visit www.leg.wa.gov to find out your legislative district and representatives or call the Legislative hotline at **1-800-562-6000**.
(You are encouraged to call your legislators in advance to make an appointment to guarantee availability.)

Breakout Sessions

Learn how to be an effective advocate on the issues you care about

Special Room Rate of \$129 (accommodates up to 4 people) for Sunday night at Great Wolf Lodge.

Meet with your legislators and attend hearings

Call **800.640.9653 (WOLF)** for reservations.

Use group code **1202WSNA**. Rate good for limited time.

REGISTRANT INFORMATION

*Separate form required for each registrant.
Photocopy this form as needed.*

Name _____ Credentials _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Legislative District _____ Membership # / Last 4 SSN _____

School _____ Email _____

COST & PAYMENT METHOD

- \$20** Pre-registered* Students
- \$50** Pre-registered* WSNA, ARNPs United, AAPPN, WANA, AORN, or SNOW Members
- \$55** Pre-registered* Non-members
- \$30** Students Who Register On-Site
- \$70** All Others Who Register On-Site

Continuing nursing education contact hours will be awarded for this event

The Washington State Nurses Association Continuing Education Provider Program (OH-231, 9-1-2012) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

* Check website for Pre-registered rate.

\$ _____ Registration Fee (includes continental breakfast and box lunch)

\$ _____ PAC Contribution (suggested donation \$25)

\$ _____ **Total Amount Enclosed**

Check Enclosed

VISA / MasterCard _____ Exp Date _____

Cardholder Name _____ Cardholder Signature _____

Return registration form to the address below or e-mail to wsna@wsna.org or fax to 206-575-1908.