WSNA Nurse Legislative Day - Feb 4, 2008

Agenda:

7:30a.m. – 8:30a.m.
Registration / Check-in

8:30a.m. – 8:45a.m.
Welcome and Introductions

8:45a.m. – 9:20a.m.
Current Legislative & Regulatory Nursing Issues
Presented by the WSNA Legislative & Health Policy Council

9:20a.m. – 9:30a.m.
WSNA-PAC Fundraising

9:30a.m. – 10:00a.m.
Keynote Address – Governor Christine Gregoire (invited)

10:00a.m. – 11:00a.m.
"Safe Nurse Staffing Saves Lives" - Presentation of research & legislative proposal

11:00a.m – 11:15a.m.
Break

11:15a.m.– 12:15p.m.
Concurrent Breakout Sessions:

1. Grassroots Political Action: Basics of Legislative Advocacy
2. Health Care Reform
3. Uniform Disciplinary Act – Balancing Public and Provider Interests
4. Advanced Practice Nursing Issues

12:30p.m. – 1:30p.m.
Luncheon at the Capitol – Legislator of the Year Awards
Sponsored by WSNA, ARNPs United and Washington Association of Nurse Anesthetists, and the Association of Advanced Practice Psychiatric Nurses

1:30p.m. – 4:30p.m.
Attend Hearings/Meet with Legislators

✂ Detach here and return lower portion by mail or fax

Registration Form:

Event Location: Washington Center for the Performing Arts: 512 Washington St. SE, Olympia

Pre-registered students $20 Students who register at the door $30

Pre-registered WSNA, ARNPs United, AAPPN, WANA, AORN and SNOW members $50

Pre-registered non-members $55 Late registrants at the door $70

* Pre-registration applies only to registration forms received before January 26th.

Registrant information: — each registrant must complete his/her own form; photocopy as needed

$_____ Registration fee (includes breakfast, box lunch)

$_____ PAC contribution (suggested donation $25)

$____ Total payment due

Name: _____ Credentials: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone:_____

E-mail address: _____

Legislative District: _____ Mem. ID/SS#: _____

Payment: ____ Check payable to WSNA

____ Visa/Master Card #: _____ - _____ - _____ - _____ Expiration date:___/____

Cardholder's name:_____ Cardholder's signature:_____

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