

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: _____