

KENTUCKY NURSES ASSOCIATION SURVIVING YOUR FIRST YEAR - 2012

Friday, March 2, 2012

**Carroll Knicely Conference Center
2355 Nashville Road
Bowling Green, KY 42104**

Name _____ Credentials _____

Address _____ RN/LPN License No. _____

City _____ State _____ Zip _____ Home Phone _____

Employer _____ Work Phone _____

*If student, please list School of Nursing _____

*If student or new graduate, year of graduation _____

E-mail _____ Do you request vegetarian meals? _____
(Required to Complete Registration)

Please Check One	CATEGORY	Cost
	KNA Member	\$35.00
	Non-KNA Member	\$50.00
	Student*	\$25.00
Total Enclosed		

****Registration cost includes Continental Breakfast, and Lunch.**

Select Payment Type: Check or Money Order (Make check Payable to: Kentucky Nurses Association)
 Visa MasterCard Discover

Account # _____ - _____ - _____ - _____

Expiration Date ____/____/____

Signature _____
(Required for Credit Card Payments)

Mail check or credit card information, completed Registration Form to: Kentucky Nurses Association, 200 Whittington Parkway, Suite 101, Louisville, Kentucky 40222-4900. Fax Number: 502-637-8236
 Register online at www.Kentucky-Nurses.org.

No registration at the door. Registration closes at 5:00 PM on Tuesday, February 28, 2012