

Nurse Legislative Day

Join us on WSNA's Nurse Legislative Day and learn about the critical issues facing nurses, nursing and health in Washington this year, and most importantly, discover how you can make a difference first-hand in Olympia.

MONDAY, FEBRUARY 9, 2015

MORNING EDUCATION SESSIONS

at Washington Center for the Performing Arts (**NEW LOCATION!**)

WSNA's Priorities for 2015

Discover which issues WSNA will work on in the next legislative session and how you can get involved

Become a More Powerful Advocate

Learn to be an effective advocate on the issues important to you

Washington Center for the Performing Arts is located at 512 Washington St SE, Olympia, WA 98501

AFTERNOON ADVOCACY: PUTTING IT INTO ACTION

at the Capitol

Meet with Your Legislators and Attend Hearings

Visit www.leg.wa.gov to find out your legislative district and representatives or call the Legislative hotline at 1-800-562-6000.



www.wsna.org/legday

2015 Nurse Legislative Day Registration Form

Separate form required for each registrant. (Photocopy this form as needed.)

Name _____ Credentials _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Legislative District (<http://app.leg.wa.gov/DistrictFinder>) _____ Membership # / Last 4 SSN _____

School _____ Email _____

- Pre-registered student (\$25)
- Pre-registered member of WSNA, ARNPs United, AAPPN, WANA, AORN, or SNOW (\$60)
- Pre-registered non-member (\$65)
- Student who registers on-site (\$35)
- All others who register on-site (\$80)

Continuing nursing education contact hours will be awarded for this event

Washington State Nurses Association CNEPP (OH-231, 9/1/2015) 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.

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

Registration fees constitute contributions to WSNA-PAC. Registration fees are not deductible as charitable contributions for federal income tax purposes.

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

\$ _____ **Total Amount Enclosed**

Check Enclosed (Please make check payable to WSNA-PAC) **Visa / MasterCard**

Card Number _____ Exp Date _____

Print Cardholder Name _____ Cardholder Signature _____

Return this form by mail to WSNA, 575 Andover Park West, Suite 101, Seattle, WA 98188 or by fax to 206.575.1908.