



Advocating for patients. Advancing the profession.

General Registration Form NYSNA Lobby Day — Tuesday April 17, 2012

General Contact Information

Affiliation of group (ex. school, organization, etc.)

Name (with title) of coordinator accompanying group

Street address (including department, etc.)

City, state, zip (+4)

Coordinator daytime/work phone w/ ext. Coordinator e-mail address

Nursing Education Program Attendance

Total faculty to accompany

Total projected student attendance comprised of: Associate's degree BSN generic undergraduate

BSN completion for RNs Graduate program

(or) Group Affiliation Attendance

Total group coordinators to accompany: nurse(s) yes no mix

Total general (nurse) attendees to accompany: nurse(s) yes no mix

Others: (specify)

Attachments

The final group registration list must be received by March 23, 2012. Please complete the group registration form with each student's individual information.

Additional Stipend Contact Information (if applicable)

Yes, I want to apply for a stipend. (If your answer is 'no' you do not need to fill out this section.)

Name of nursing school or program

Name of faculty accompanying students

Faculty e-mail address

Make check payable to

Mail check to (if different from general contact address)

Attention/care of

Other special instructions

Attestation

I hereby attest, as the primary coordinator for stipend, that this application meets all eligibility criteria as outlined in the "Student Participation in Government" Stipend Application Policy.

Signature of applicant date

Submission

MAIL: Attn: GOVA, NYSNA, 11 Cornell Road, Latham, NY 12110

EMAIL: legislative@nysna.org FAX: 518-782-9533