

REGISTRATION FORM
UTAH SCHOOL NURSE ASSOCIATION SPRING CONFERENCE
Envision the Possibilities

March 18 and 19, 2010
Thanksgiving Point
3003 North Thanksgiving Way
Lehi, Utah

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

School District: _____

Conference confirmation will be sent by email

Registration Fees:

USNA members - \$150.00 (includes Continental Breakfast, Lunch)

Non-members - \$200.00 (includes Continental Breakfast, Lunch)

One Day only - \$100.00 I will attend Thurs _____ I will attend Fri _____

Total enclosed: \$_____

Special Dietary Needs? _____

Make checks payable to:
Utah School Nurse Association

Attention: Jeri Melton
3505 West 7800 South
West Jordan, Utah 84088
(801) 301-6402
fax (801) 302-4911
jeri.melton@jordan.k12.ut.us