MISSOURI STATE ASSOCIATION OF
LICENSED PRACTICAL NURSES, INC.
NURSING STUDENTS DAY AT THE CAPITOL REGISTRATION FORM
April 12, 2018

NAME OF SCHOOL_____

ADDRESS OF
SCHOOL _____

MoSALPN Registration ----------$8.00_____Total $_____
(MoSALPN student member)

Registration ----------$10.00_____ Total $_____
(Non MoSALPN student member)

COORDINATOR & FACULTY
Registration ----------$8.00_____Total $_____
(MoSALPN Sustaining Member)

Registration ----------$10.00_____Total $_____
(Non MoSALPN Member)

Total Amount $_____

THE COMPLETED REGISTRATION FORM AND REGISTRATION FEE MUST BE RECEIVED IN THE MOSALPN OFFICE BY MARCH 20, 2018.

NAMES OF STUDENTS REGISTERED

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Name of Coordinator (if registered) _____

Faculty attending_____, _____
_____,_____

Number of Students in Class_____ # of Students Attending Event _____

100% MoSALPN Student Membership _____Yes _____No

Number of Students who are MoSALPN Members if not 100%_____

Mail to:

Missouri State Association of
Licensed Practical Nurses
(MoSALPN)
P. O. BOX 105542
Jefferson City MO 65110