



# 2017 Advocacy Days

March 15-16, 2017

Residence Inn Universities at the Capitol

2017 FNA Advocacy Days

March 15-16 Marriott Residence Inn Tallahassee

**FNA Advocacy Days** is the opportunity for nurses to arm themselves with knowledge of healthcare issues, review pending legislation that relates to nursing and healthcare, and meet with state legislators to make these issues known. Contact Hours will be available (Program Content TBA).

**REGISTER BY OR ON February 15, 2017 and Receive a Discounted Price!**

Check Below as Applies	Register By or on 2/15	Register after 2/15
<input type="checkbox"/> Non-Member (All events)	\$225	\$250
<input type="checkbox"/> **Student Non-Member (All Events)	\$200	\$225
<input type="checkbox"/> FNA Member (All Events)	\$175	\$200
<input type="checkbox"/> **FNA Student Member / Retired Member (All Events)	\$150	\$175
<input type="checkbox"/> ***Generic Student (All Events)	\$125	\$150
<input type="checkbox"/> ****Student (Sessions only & Wed. Capitol Lunch )	\$100	\$125
<input type="checkbox"/> ****Student (Sessions only & Thurs. Hotel Lunch	\$75	\$100
<input type="checkbox"/> ****Student (Sessions only, No Lunches/Reception	\$50	\$75
<input type="checkbox"/> Legislative Reception Only	\$50	\$75

\*\*Student – in school for a higher degree and has an RN license.

\*\*\*Generic - working on initial degree and has no RN license.

\*\*\*\*Any student attending sessions with an option of meals.

**Please check one:**

I am a Legislative District Coordinator.

I am interested in serving as a Legislative District Coordinator.

**Do you plan to visit legislators with us during Advocacy Days? Please check option below**

Yes, I plan to promote the FNA legislative agenda by visiting legislators.

No, I will attend the conference but not participate in the advocacy activities.

**Contact Marriott Reservations**

**1-800-331-3131**

Special discounted room rates of \$219.00 per night through February 28, 2017.

**PROMO CODE:**

**Florida Nurses Association Advocacy Days**

Name & Credentials: \_\_\_\_\_

**MUST BE** Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Check Payment Method:  Check  MC  Visa  AMEX  Discover

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*Refunds must be requested by March 1, 2017. No telephone registration is accepted. Return completed form and payment to FNA at P.O. Box 536985, Orlando, FL 32853-6985, or email to [conferences@floridanurse.org](mailto:conferences@floridanurse.org), or fax to 407-896-9042.

**MORE INFO:** [floridanurse.org](http://floridanurse.org) | [conferences@floridanurse.org](mailto:conferences@floridanurse.org) | 407.896.3261