

2024 CLINICAL SPRING TEACHING DAYS

REGISTRATION FORM

WV Public Health Association Nursing Section

Registration form DUE to Donna Riffle (see below) by MARCH 1, 2024, and block of rooms at Stonewall Resource must be reserved by March 1, 2024

NAME

AGENCY/HEALTH DEPARTMENT

MAILING ADDRESS

CITY STATE ZIP

PHONE

E-mail _____

We want to make sure that everyone is aware of the change from the Room Packages that we have had in the past. **Room charges WILL NOT include Dinner.**

The cost PER ROOM is \$139 plus \$17 Resort Fee. ***It will not matter how many share the room, so you can have 2 per room sharing the cost.***

We will have CPR on Thursday evening (not Wednesday)

*****Room Reservations must be made by March 1 Individuals will be responsible for their own reservations.**

To make reservations, go to the link:

1. Please see this link for the group (cut and paste if link does not take you to the \$139 per night rate.
reservations → <https://be.synxis.com/?Hotel=35494&Chain=21123&arrive=2024-04-10&depart=2024-04-12&adult=1&child=0&group=806972>

Name _____

*Both Association and Nurses Section dues will now run from January – January of each year. Those paying both dues will be placed on a “Association & Nurses Section Dues Paid” list that will be provided to registration officials at the WVPHA Fall Conference so that those who have already paid can be identified and will not be charged dues again.

***WVPHA Association Membership* MUST BE MEMBER OF WVPHA to Join Nurse Section
Dues are collected for calendar year.***

\$15.00 (Before April 1st) \$20.00 (After April1st)

IF NOT ALREADY PAID to WVPHA

\$ _____

WVPHA Nurses Section Dues*

\$15.00 (Before April 1st)

\$20.00 (After April1st)

\$ _____

\$15.00 CPR optional Thursday after sessions

\$ _____

Breakfast Kiosk, Lunch in Stillwaters Dining Room and refreshments are included in the registration fee.

WVPHN Member Registration Fee for Full Conference:

(\$150)

\$ _____

- Day Rate if NOT attending both days

Thursday only (\$80)

\$ _____

Friday only (\$70)

\$ _____

Make checks payable to: **WVPHNA** and

Mail payment and registration forms to:

**Donna L Riffle
Harrison Clarksburg Health Department
330 W. Main Street
Clarksburg, WV 26301**

Please note that payment should be received with the registration and is Due March 1, 2024.

Please e-mail registration form to donna.l.riffle@wv.gov or fax to 304-363-8217 if there will be a delay in sending payment.