

2026 CLINICAL SPRING TEACHING DAYS – Held at Canaan Resort, Davis, WV

REGISTRATION FORM
WV Public Health Association Nursing Section
April 22 (CPR only) 22-24, 2026- Conference
Please send one per nurse:

Registration form DUE to Heather Amos (see below) by MARCH 1, 2026, and block of rooms at Canaan Resort must be reserved by March 1, 2026.

Years of Service: _____ Nursing License #: _____ RN/LPN: _____

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 PER ROOM cost is \$110 plus.

*****Room Reservations must be made by March 1,2026; Individuals will be responsible for their own reservations.**



Name _____ *County:* _____

***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: Dues are collected for the calendar year.

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

IF NOT ALREADY PAID to WVPHA \$ _____

WVPHA Nurses Section Dues*

\$15.00 (Before April 1st)

\$20.00 (After April 1st) \$ _____

CPR re-cert. only –(optional) Wednesday 4-7 pm

Breakfast & Lunch and refreshments are included in the registration fee. \$ TBD

WVPHN Member Registration Fee for Full Conference:

April 22 -24, 2026 (\$175) \$ _____

Day Rate if NOT attending both days

Thursday only (\$100) April 23,2026 \$ _____

Friday only (\$75) April 24,2026 \$ _____

Non-Members Rate:

• **Registration**

- o Full Conference \$215.00 \$ _____
- o Thursday: \$140.00 \$ _____
- o Friday: \$115.00 \$ _____

Make checks payable to: WVPHNA and Mail payment and registration forms to:

**Heather Amos, Administrator RN
Doddridge County Health Department
60 Pennsylvania Street
West Union, WV 26456**

Please note that payment should be received with the registration and is **Due March 1, 2026.**

Please e-mail registration form to heather.m.amos@wv.gov or fax to 304-873-2994 if there will be a delay in sending payment.

CPR payment will be determined once the instructor provides the fee. Payment will be made the day of the event, unless otherwise noted. All CPR students will be notified of payment price prior to the event.