


Celebrating  
Ohio's Healthy Children



*School Nurses Make it Happen*

39th Annual Conference  
of the  
Ohio Association of School Nurses

April 20-22, 2012



Location:  
Cleveland Marriott  
4277 West 150th  
Cleveland, OH

Join us...  
for this  
Blue  
Ribbon  
Celebration

SAVE THE DATE!

## Registration for the 39th Annual OASN Conference

*Please print clearly and complete all information.*

**April 20-22, 2012 Cleveland Marriott**

**At the Newly Renovated Cleveland Marriott 4277 W. 150<sup>th</sup> St. @ I-71**

**HOTEL RESERVATIONS CAN BE MADE BY CALLING: 1-800-450-8625 or 1-216-252-5333**

Cleveland W. 150<sup>th</sup> Marriott: *Be sure to mention the OASN Conference room rate. GROUP CODE is **NURNURA**.*

NOTE: When booking a hotel room, it is EXTREMELY important to state how many guests will be staying in the room: *this will insure the correct room rate AND make sure that each guest receives their breakfast tickets.*

**Room Rates: Include a breakfast buffet each morning you pay gratuity:**

**Standard Single: \$109.00 Double: \$109.00 Triple: \$119.00 Quad: \$119.00**

**Note: OASN members receive a significant discount on their conference registration.**

If you are not an OASN member, now is a great time to join! For the benefits of membership, visit [www.oasn.org](http://www.oasn.org).

REGISTRATION can also be done online...go to [www.oasn.org](http://www.oasn.org) and click on the link. Continue to get information about conference details on [www.oasn.org](http://www.oasn.org). Saturday evening is open for fun with friends, so we hope you gather, make plans and go out on the town in Cleveland. Cleveland has world class entertainment and amazing restaurants. For information with suggestions about where to go and how to make reservations go to <http://www.positivelycleveland.com/>

## 2012 OASN CONFERENCE REGISTRATION RATES: *CHOOSE ONE*

**MEMBER**

\_\_\_ **OASN Member ~ Full Conference: \$170.00**  
 \_\_\_ \$205.00 after Monday March 19, 2012

\_\_\_ **OASN Member ~ Friday Only: \$140.00**  
 \_\_\_ \$175.00 after Monday March 19, 2012

\_\_\_ **OASN Member Saturday Only: \$140.00**  
 \_\_\_ \$175.00 after Monday March 19, 2012

\_\_\_ **OASN Member ~ Saturday and Sunday Only: \$160.00**  
 \_\_\_ \$195.00 after Monday March 19, 2012

\_\_\_ **OASN Member ~ Sunday Only: \$60.00**  
 \_\_\_ \$95.00 after Monday March 19, 2012

**NON MEMBER**

\_\_\_ **Non Member ~ Full Conference: \$225.00**  
 \_\_\_ \$260.00 after Monday March 19, 2012

\_\_\_ **Non Member ~ Friday Only: \$195.00**  
 \_\_\_ \$225.00 after Monday March 19, 2012

\_\_\_ **Non Member Saturday Only: \$195.00**  
 \_\_\_ \$225.00 after Monday March 19, 2012

\_\_\_ **Non Member ~ Saturday and Sunday Only: \$215.00**  
 \_\_\_ \$245.00 after Monday March 19, 2012

\_\_\_ **Non Member ~ Sunday Only: \$115.00**  
 \_\_\_ \$150.00 after Monday March 19, 2012

**NOTE:** Member status will be verified prior to the start of the conference. When submitting this form, OASN members are asked to attach a copy of the current NASN/OASN membership card to the back of this form. Cancellation Policy: 100% of registration rate will be refunded if OASN is notified in writing /email by April 4, 2012. After April 4, 2012, cancellation fee of \$75 applies. No refund will be issued for no shows once conference has started.

**Groups of 3 or more from the same school district or agency who submit registration at the same time are eligible** for 10% discount. All registrations must be received by mail at the same time or entered online at the same time.

**IMPORTANT INFORMATION**

*Conference: Begins Friday, April 20, 2012  
 Check In Begins 4-8pm Thursday April 19, 2012 and again each day at 7:30 AM  
 Annual Banquet Awards/Evening (included if selecting **full** conference fee): Friday, April 20, 2012  
 Annual OASN Business Meeting: Friday morning, April 20, 2012  
 Conference Ends: Sunday, April 22, 2012 at 12 noon.*

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY STATE ZIP CODE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**EMAIL ADDRESS or FAX#:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_

**COUNTY IN WHICH YOU WORK:** \_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_

**CITY/ STATE/ ZIP CODE:** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_ **@** \_\_\_\_\_

Are you a member of OASN/NASN?	YES	NO
Are you a first time conference attendee?	YES	NO
Are you a National Board Certified School Nurse?	YES	NO
Are you a retired school nurse?	YES	NO
Are you a charter member of OASN?	YES	NO
Are you a member of your region?	YES	NO

**Please circle your OASN Region:**

COASN      SWOSNA      NWOASN      NEOASN      SEOASN      EOASN      DO NOT KNOW

Will you be attending the OASN Annual Banquet on Friday evening?

(Note: the banquet is *included* in the *full conference* registration rate.) YES NO

Check if you will be bringing guests to the Friday night banquet. (Cost per guest \$50.00)

\_\_\_\_\_ Number of guests you will be bringing. (limited to 2 per person)

\_\_\_\_\_ Total amount (= # of guests x \$50)

Please indicate special dietary needs:

\_\_\_\_\_ Vegetarian

\_\_\_\_\_ Food Allergy (type) \_\_\_\_\_

**TOTAL FEES and PAYMENT:**

A. \$ \_\_\_\_\_ Registration Fee

B. \$ \_\_\_\_\_ Banquet Ticket(s) @ \$50.00 each (one included with full conference Reg.)

TOTAL of A + B = \$ \_\_\_\_\_

PAYMENT METHODS: *Check type of payment* \_\_ Personal Check \_\_ Purchase Order

\_\_ Credit Card (circle type): Mastercard, Visa Discover American Express

Card Holder Name (must match exact name on card) \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

3 digit CODE on back of card \_\_ \_\_ \_\_

EXPIRATION DATE: (MONTH & YEAR) \_\_\_/\_\_\_\_

BILLING ADDRESS: (if same, write same) \_\_\_\_\_

Must include street address, city, state, zip

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

PURCHASE ORDER NUMBER: \_\_\_\_\_

Name of School District or Employer (if your employer is paying registration) \_\_\_\_\_

**NOTE:** *If using a purchase order, purchase order number must be available prior to start of the conference attendance. Payment expected no later than 30 days following registration.*

**CHECKS:** Please make personal check or school district check payable to OASN.

Mail completed registration form and payment to:

OASN

c/o Joan Keith, OASN Treasurer

1544 Trentwood Road

Columbus, OH 43221-2252

**Questions?** Contact Heidi Steiner at [exdirector@oasn.org](mailto:exdirector@oasn.org) or call 330-601-1366 -or if financial related, contact [treasurer@oasn.org](mailto:treasurer@oasn.org)

***Thank You for Registering for the 2012 OASN Conference!***