**Kentucky School Nurses Association**

**Annual Conference 2025**

# July 14 - 16, 2025

# Embassy Suites; Lexington, KY

**REGISTRATION INFORMATION**

Conference registration includes all conference materials, breaks for both days, lunch on Tuesday and Wednesday, and continuing education contact hours**. No continental breakfast provided for either day of the conference. Please read carefully.** All times listed are **EASTERN TIME**.

**If you attend the entire conference ( Pre-Conference and the Regular Conference), you can earn 15 contact hours**. Contact hours will be provided through CE Central. An additional information sheet regarding contact hours from CE Central will follow.

**No on-site registrations and** no refunds within 5 working days of the conference. If you need an invoice, please contact me.

**Room Rates and Reservations**

Blocks of rooms are being held at the Embassy Suites **on Newtown Pike**. **The deadline** **for room reservations is June 13th** . For reservations, please call ***1-800-Embassy, or 1-859-455-5000.*** All of the rooms are suites, and **the room rate for this conference is $139.00 plus tax/night for a one bedroom king or double** **which includes a “made-to-order” breakfast and an evening cocktail reception in the lobby.**  Embassy has a few two bedroom suites, and you can check with the hotel on the price of the 2 bedroom suites. **Make sure that you identify yourself with KSNA to get the special room rates and make sure that you specify the Embassy on Newtown Pike.**

**Contact Information**

**Kentucky School Nurses Association:**

Karen Elliott, Pres. (270-628-3800 x 5555)

Wendi Kozel, Pres. Elect (270-315-9244)

, Secretary

Pat Glass, Treasurer (859-887-9274 x 3057)

Jessamine County Board of Education

847 Wilmore Road

Nicholasville, KY 40356

patricia.glass@jessamine.kyschools.us

\*\* **REGISTRATION FORM FOR KSNA ANNUAL CONFERENCE 2025\*\***

**Registration Prior to June 25th: *Please check the appropriate boxes. Calculate your cost. Fill in the total.***

Membership in KSNA [ ] **$30** RN/ARNP

***(Renewed annually.*)** [ ] **$20** LPN/Health Aide/ Administrator

***If you include membership fee, then pay*** [ ] **$15** Retired

**Member** cost for conference

**Member Non-Member**

**KSNA Conference Monday, Tuesday &**

**Wednesday ,7/14 – 7/16**  [ ] **$350** [ ] **$390**

**KSNA Conference on Tuesday & Wednesday [ ] $275 [ ] $315**

**\*\*\*\*\*\*Monday Only\*\*\*\*\*\*\* [ ] $100 [ ] $140**

**\*\*\*\*\*\*\*Tuesday only**\*\*\*\*\*\*\*\*\*\*\* [ ] **$190** [ ] **$230**

\*\*\*\*\*\*\*\***Wednesday only**\*\*\*\*\*\*\*\*\*\*\* [ ] **$190** [ ] **$230**

**\*\*\*\*\*\*Pre-conference Only\*\*\*\*\*\*\*\* [ ] $ 50 [ ] $ 85**

**Total: \_\_\_\_\_\_\_\_**

**After June 25th, : (No on-site registration)**

**Please *add late registration* fee to your total amount [ ] Member $40**

**[ ] Non-Member $65**

**Total: \_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_RN\_\_\_LPN \_\_\_HlthCoord.\_\_\_NP\_\_\_DPP

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

County (Work):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H)Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_ BOE \_\_\_ HD \_\_\_Other)

Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( Your nursing license number is needed for the Continuing Education sign in sheet)

**Make checks payable to KSNA**. Purchase Orders are accepted as long as payment is received no later than 30 days after the conference dates. Complete the form above and send with a check or money order to: **KSNA**

**C/O Pat Glass, Treasurer**

**847 Wilmore Road** **Nicholasville, KY 40456**