

NYS HOSA/HWNY LEADERSHIP CONFERENCE REGISTRATION FORM

**FOR** **NONMEMBERS WITHOUT CHAPTER AFFILIATION**

***ATTACHMENT B***

**New York**

**Print all information**

SCHOOL NAME:

SCHOOL ADDRESS: PHONE:

NAME OF PERSON IN CHARGE: HOME PHONE:

The Conference Registration Fee is $40 per person attending. Make checks payable to: **NYS HOSA**. We are registering people @ $40 = **$**

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| NAME – TEACHER, SUPERVISOR, STUDENTS, CHAPERONES, GUESTS, | PARENT/GUARDIAN'S NAME | PHONE # | LEVEL | | | PLACE A CHECK | | | |
| SS | PS | JHS | TEACHER | SUPERVISOR | CHAPERONE/  GUEST | STUDENT | |
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**Duplicate this form if you have additional attendees.**

**MAIL ALONG WITH PAYMENT TO: Mrs. Sara Kutter, 8250 State Street Road, Batavia, NY 14020**