

HOSA Region VII Leadership Conference  
Registration Form  
**February 12, 2019**  
Doubletree by Hilton  
Miami Airport Convention Center  
711 NW 72 Avenue  
Miami, FL 33126  
**DEADLINE: January 24, 2019**

PLEASE PRINT OR TYPE:

- ❖ School: \_\_\_\_\_
- ❖ School Mail Code: \_\_\_\_\_
- ❖ Chapter Advisor: \_\_\_\_\_
- ❖ Advisor Contact Number: Work: \_\_\_\_\_ Cell: \_\_\_\_\_
- ❖ Number of students attending Breakfast: \_\_\_\_\_  
**PROVIDE A COMPLETE LIST OF STUDENTS, ADVISORS AND  
CHAPERONES ATTENDING. NO MONEY WILL BE ACCEPTED  
WITHOUT THE PROPER LIST.**
- ❖ Number of Vegetarian Meals (Fruit Plates) \_\_\_\_\_

COST:

- ❖ Per person \$22.00
- ❖ Number attending \_\_\_\_\_ x \$ 22.00 = \$ \_\_\_\_\_
- ❖ Check Enclosed for: \_\_\_\_\_
- ❖

**PLEASE MAKE CHECK PAYABLE to:  
NORTH MIAMI SENIOR – HOSA TRUST FUND**

**BRING CHECK TO:  
WILLIAM H. TURNER TECHNICAL CENTER  
ATTENTION: Magaly Parets  
10151 NW 19<sup>TH</sup> AVENUE  
MIAMI, FLORIDA 33147**

Names of special guests attending and their position (include them on the total of people attending & paying for). These guests attending will sit with your individual school.

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