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:

❖ Number of students attending Breakfast:	*	School:
 Chapter Advisor: Advisor Contact Number: Work: Number of students attending Breakfast: PROVIDE A COMPLETE LIST OF STUDENTS, ADVISORS AND CHAPERONES ATTENDING. NO MONEY WILL BE ACCEPTI WITHOUT THE PROPER LIST. Number of Vegetarian Meals (Fruit Plates) COST: Per person \$22.00 	*	School Mail Code:
 Number of students attending Breakfast:		
PROVIDE A COMPLETE LIST OF STUDENTS, ADVISORS AND CHAPERONES ATTENDING. NO MONEY WILL BE ACCEPTE WITHOUT THE PROPER LIST. Number of Vegetarian Meals (Fruit Plates) COST: Per person \$22.00	*	Advisor Contact Number: Work: Cell:
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WITHOUT THE PROPER LIST. ❖ Number of Vegetarian Meals (Fruit Plates) COST: ❖ Per person \$22.00		PROVIDE A COMPLETE LIST OF STUDENTS, ADVISORS AND
 Number of Vegetarian Meals (Fruit Plates)		CHAPERONES ATTENDING. NO MONEY WILL BE ACCEPTED
COST: Per person \$22.00		WITHOUT THE PROPER LIST.
❖ Per person \$22.00	*	Number of Vegetarian Meals (Fruit Plates)
❖ Per person \$22.00		
	COST	:
❖ Number attendingx \$ 22.00 = \$	*	Per person \$22.00
	*	Number attendingx \$ 22.00 = \$
❖ Check Enclosed for:	*	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 19TH 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.