

NAME _____

Are you a STUDENT or NURSE PRACTITIONER? Circle one

Would you like to be in the SPNPA Directory? _____

If yes,

PHONE NUMBER _____

EMAIL _____

LOCATION _____

SPECIALTY _____

What's the best way to send you a referral? _____

Would you like to be a Preceptor? _____

Do you have a side business that you would like in the Directory?

How would you prefer for SPNPA to contact you? Email, FB, LinkedIn? Group Me? Other?

What topics are you most interested in learning about? _____

Would you like to present a topic to SPNPA at one of the Meetings? If so, What Topic?

What can SPNPA do for you this year?