



National Association of Indian Nurses of America

P. O. Box 3002, Northlake, Illinois – 60164

www.nainausa.com

Registration Form - Clinical Excellence Conference 2019

Registration Fee:

☐ Virtual/Chapter Member(\$40) ☐ Non-Member(\$50) ☐ Pre-Licensed Student/Retirees(\$30)

First Name: _____ Last Name: _____

Credentials: _____ Job Title: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Professional Nursing Status:

☐ Pre-Licensed Student ☐ LPN/LVN ☐ RN ☐ APRN - Nurse Practitioner
☐ APRN - CRNA ☐ APRN/RN - Nurse Educator/Academician ☐ APRN/RN - Nurse Leader/Executive
☐ APRN - Clinical Nurse Specialist
☐ APRN/RN - Nurse Researcher ☐ APRN/RN - Other _____

Emergency Contact:

Emergency Contact Name: _____

Phone: _____ Relation: _____

Membership Information:

Virtual/Chapter Name/Non-Member: _____

Gender: ☐ Male ☐ Female ☐ Declined

Age Group: ☐ 25 & below ☐ 26-35 ☐ 36-50 ☐ 51-65 ☐ 66 & above

Please mail the completed form and check payable to: NAINA
Mail it to: Suja Thomas, 18 Orlando Ave, Albany, NY 12203.