

FORM # 5

**HOSA Region VII Leadership Conference
Registration Form**

Thursday, February 7, 2008

**Place: Signature Gardens
12725 S.W. 122nd Avenue
Miami, Fl 33186**

DEADLINE: JANUARY 18, 2008

PLEASE PRINT OR TYPE:

- ❖ School: _____
- ❖ School Mail Code: _____
- ❖ Chapter Advisor: _____
- ❖ Advisor Contact Number: Work: _____ Cell: _____
- ❖ Number Attending Breakfast: _____
- ❖ Number of Vegetarian Meals (Fruit Plates) _____

COST:

- ❖ Per person \$15.00
- ❖ Number of people attending _____ x \$ 15.00 = \$ _____
- ❖ Check Enclosed for: _____
- ❖

Please send completed registration along with your check made payable to:

**NORTH MIAMI SENIOR – HOSA TRUST FUND
MAIL CODE: 7591
ATTENTION: LAUREN ZELNIKER**

Names of special guests attending and their position (include them on the total of people attending & paying for)

District will pay for the transportation to this breakfast.

RECEIPT

School _____ **Advisor(s)** _____

Breakfast each:

Advisors _____ **# of Students** _____ **# of Guests** _____ **Total** _____