

HOSA Region VII Leadership Conference
Registration Form
October 13, 2016
Doubletree by Hilton
Miami Airport Convention Center
711 NW 72 Avenue
Miami, FL 33126

DEADLINE: October 5, 2016
(No money accepted after 12:00 noon)

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 send completed registration along with your check made payable to:

NORTH MIAMI SENIOR – HOSA TRUST FUND

SEND IT OR DROP OFF AT:

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.

