

***Give the World The Best of You, Not What’s Left of You***

**69th Annual Convention ● February 25 – February 26, 2021**

**Virtual Convention**

**DELEGATE APPLICATION**

***DUE BY February 5, 2021***

**Delegates MUST be current NSNA members and maintain good academic standing. ALL delegates will receive FREE registration. Delegates must attend ALL House of Delegate meetings and participate in voting. Delegates are required to attend the live convention on Thursday, February 25th through Friday, February 26th.**

**Delegates’ responsibilities:**

* Represent your school of nursing during **ALL** House of Delegates meetings.
* Read the bylaws, resolutions, and other documents sent **PRIOR** to the first House of Delegates meeting
* Vote on business issues, bylaws, and the resolution, if applicable.

***Delegate representation for your school is based on NSNA membership as of January 31, 2021.***

*If you have a question regarding your school membership, please contact us for clarification.*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **# NSNA Members** | **# Delegates** |  | **# NSNA Members** | **# Delegates** |  | **# NSNA Members** | **# Delegates** |
| 1-25 | 1 |  | 101-125 | 5 |  | 201-225 | 9 |
| 26-50 | 2 |  | 126-150 | 6 |  | 226-250 | 10 |
| 51-75 | 3 |  | 151-175 | 7 |  | 251-275 | 11 |
| 76-100 | 4 |  | 176-200 | 8 |  | 276-300 | 12 |

***For more information, visit*** [***www.njnsinc.org***](https://www.njnsinc.org/convention-2020) ***and email this completed application to the address below.*** *APPLICATION MUST BE COMPLETE OR IT WILL NOT BE PROCESSED.*

**Email completed application to ORGANIZATIONAL MANAGER: Regina Adams, MSN, RN, CNOR at** [**staff@njnsinc.org**](mailto:staff@njnsinc.org)

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**PHOTOGRAPHY RELEASE WAIVER:** By registering and attending the NJNS convention, I hereby give my permission for my name, photograph, or likeness to be used by NJNS and/or NSNA within any media in which it appears without NJNS and/or NSNA incurring any debts or liabilities of any kind.

**PRINT/TYPE:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NSNA# (REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School of Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This to certify that (Student’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in good academic standing.**

**Dean/Director signature:**

**Are you planning to attend the NCLEX Test Taking Strategies on Friday (included)?\***  Yes  No

**Are you planning to attend *I Can with Narcan, Interactive Session on Narcan Administration* on Friday for Free?\***  Yes  No

\*\*\*NCLEX review and Narcan training sessions will both start at 9:30AM on Friday, February 26th.

**Are you planning to attend the First Night Party on Thursday night?**  Yes  No

If you have any questions, please contact Regina Adams at [staff@njnsinc.or](mailto:staff@njnsinc.org)g