**Kentucky School Nurses Association**

 **Annual Conference 2025**

#  July 14 - 16, 2025

#  Embassy Suites; Lexington, KY

**REGISTRATION INFORMATION**

Conference registration includes all conference materials, breaks for both days, lunch on Tuesday and Wednesday, and continuing education contact hours**. No continental breakfast provided for either day of the conference. Please read carefully.** All times listed are **EASTERN TIME**. For conference info visit <https://www.cecentral.com/live/27179>



In support of improving patient care, University of Kentucky HealthCare CECentral is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

**CNE**

The maximum number of hours awarded for this Continuing Nursing Education activity is 15.25 nursing contact hours.

**No on-site registrations and** no refunds within 5 working days of the conference. If you need an invoice, please contact me.

**Room Rates and Reservations**

Blocks of rooms are being held at the Embassy Suites **on Newtown Pike**. **The deadline** **for room reservations is June 13th** . For reservations, please call ***1-800-Embassy, or 1-859-455-5000.*** All of the rooms are suites, and **the room rate for this conference is $139.00 plus tax/night for a one bedroom king or double** **which includes a “made-to-order” breakfast and an evening cocktail reception in the lobby.**  Embassy has a few two bedroom suites, and you can check with the hotel on the price of the 2 bedroom suites. **Make sure that you identify yourself with KSNA to get the special room rates and make sure that you specify the Embassy on Newtown Pike.**

**Contact Information**

**Kentucky School Nurses Association:**

Karen Elliott, Pres. (270-628-3800 x 5555)

Wendi Kozel, Pres. Elect (270-315-9244)

 , Secretary

Pat Glass, Treasurer (859-887-9274 x 3057)

Jessamine County Board of Education

847 Wilmore Road

Nicholasville, KY 40356

patricia.glass@jessamine.kyschools.us

 \*\* **REGISTRATION FORM FOR KSNA ANNUAL CONFERENCE 2025\*\***

**Registration Prior to June 25th: *Please check the appropriate boxes. Calculate your cost. Fill in the total.***

 Membership in KSNA [ ] **$30** RN/ARNP

 ***(Renewed annually.*)** [ ] **$20** LPN/Health Aide/ Administrator

***If you include membership fee, then pay*** [ ] **$15** Retired

 **Member** cost for conference

 **Member Non-Member**

**KSNA Conference Monday, Tuesday &**

 **Wednesday ,7/14 – 7/16**  [ ] **$350** [ ] **$390**

**KSNA Conference on Tuesday & Wednesday [ ] $275 [ ] $315**

**\*\*\*\*\*\*Monday Only\*\*\*\*\*\*\* [ ] $100 [ ] $140**

 **\*\*\*\*\*\*\*Tuesday only**\*\*\*\*\*\*\*\*\*\*\* [ ] **$190** [ ] **$230**

\*\*\*\*\*\*\*\***Wednesday only**\*\*\*\*\*\*\*\*\*\*\* [ ] **$190** [ ] **$230**

**\*\*\*\*\*\*Pre-conference Only\*\*\*\*\*\*\*\* [ ] $ 50 [ ] $ 85**

 **Total: \_\_\_\_\_\_\_\_**

**After June 25th, : (No on-site registration)**

**Please *add late registration* fee to your total amount [ ] Member $40**

 **[ ] Non-Member $65**

 **Total: \_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_RN\_\_\_LPN \_\_\_HlthCoord.\_\_\_NP\_\_\_DPP

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

County (Work):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H)Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_ BOE \_\_\_ HD \_\_\_Other)

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

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

License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( Your nursing license number is needed for the Continuing Education sign in sheet)

**Make checks payable to KSNA**. Purchase Orders are accepted as long as payment is received no later than 30 days after the conference dates. Complete the form above and send with a check or money order to: **KSNA**

 **C/O Pat Glass, Treasurer**

 **847 Wilmore Road** **Nicholasville, KY 40456**