STEP ONE: Your Information (please print)

| Name (please include designations: i.e. RN, MT, BSN, etc.) |
|--|
| Title |
| Hospital |
| Address, City, State, ZIP |
| Phone |
| Email |
| Dietary Restrictions |
| |
| STEP TWO: Payment Information |
| Leadership Institute program registration = \$3,600 |
| ☐ Pay by Check (please make check payable to NHA Foundation) |
| ☐ Invoice Me |

STEP THREE: Register

Mail your registration and payment to: Nebraska Hospital Association 3255 Salt Creek Circle, Suite 100

Lincoln, NE 68504-4778

OR SCAN/EMAIL your registration to: clovely@nebraskahospitals.org

Registration deadline is January 15, 2024. Space is limited, so please register early to secure your seat.

