

Register today for the NYSNA BIENNIAL

Sept. 16 & 17 (TUES-WED) | NYC | Jacob Javits Center



Join hundreds of nurses and learn how a united profession can successfully advocate for Safe Staffing, Single-Payer Healthcare, and a practice and work environment that is conducive to quality care for all New Yorkers. Meet government leaders and learn what you can do to influence laws and policies that would eliminate healthcare disparities, fend off privatization and corporatization, and keep hospitals open for care.

See reverse for agenda, transportation, and hotel information >>

More than a dozen classes and plenaries taught by nursing and labor experts:

- **Winning safe staffing**
- **The future of your license - and your practice**
- **Retirement security and the crisis in labor**
- **Stopping the corporate healthcare agenda**
- **The impact of the Affordable Care Act**
- **Single-Payer Healthcare**
- **Meeting Nursing Practice Standards Statewide**
- **Healthcare disparities & hospital cooperatives**
- **Climate justice: What RNs need to know**
- **RN Power and the 2014 NYS Elections**
- **Building patient and community alliances**
- **An RN perspective on Lean Management**
- **Assessment of electronic medical records**
- **RNs respond to gun violence**
- **The crisis in Upstate healthcare**
- **The history of RN union advocacy**
- **Negotiating Nursing Practice Standards That Ensure Quality Care**
- **HIPAA - An RN's Right to Privacy on the Job**
- **Nurses to the Rescue: Tackling Youth Substance Abuse**

Participants will be eligible to receive up to **16.5 continuing nursing education contact hours** through ANCC and Continuing Education Hours through other nationally recognized nursing credentialing bodies. A complete list of goals, objectives and continuing nursing education contact hours is now posted at: <http://bit.ly/NYSNAbiennial>

REGISTRATION FORM NYSNA 2014 BIENNIAL CONFERENCE

1

NAME _____ MEMBER ID (OPTIONAL) _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CELL PHONE _____ PERSONAL EMAIL ADDRESS _____

SEND ME TEXT MESSAGE ALERTS.* FACILITY / EMPLOYER _____ UNIT / SHIFT _____

*Standard message and data rates apply. Opt-out at any time.

I AM TRAVELING FROM OUTSIDE OF THE GREATER NYC AREA AND I NEED TRANSPORTATION AND/OR REIMBURSEMENT

I HAVE SPECIAL DIETARY REQUIREMENTS: (WHAT ARE THEY?) _____

2

REGISTRATION FEE

PRE-REGISTRATION (by Sept. 10)

ON-SITE REGISTRATION

	MEMBER	STUDENT*	NON-MEMBER	MEMBER	STUDENT*	NON-MEMBER
TUES - WED	<input type="checkbox"/> \$50	<input type="checkbox"/> \$20	<input type="checkbox"/> \$300	<input type="checkbox"/> \$60	<input type="checkbox"/> \$25	<input type="checkbox"/> \$310
TUESDAY	<input type="checkbox"/> \$25	<input type="checkbox"/> \$10	<input type="checkbox"/> \$225	<input type="checkbox"/> \$30	<input type="checkbox"/> \$15	<input type="checkbox"/> \$230
WEDNESDAY	<input type="checkbox"/> \$25	<input type="checkbox"/> \$10	<input type="checkbox"/> \$125	<input type="checkbox"/> \$30	<input type="checkbox"/> \$15	<input type="checkbox"/> \$130
Voting body only	<input type="checkbox"/> \$0			<input type="checkbox"/> \$0		

Total _____ I will pay by check cash

*Students with economic hardship can contact mcp@nysna.org

MC/Visa/Amex/Discover # _____ Exp _____ Security code _____

Signature _____ Date _____

↓ CONTINUED ON REVERSE ↓

AGENDA

TUESDAY, SEPTEMBER 16

7:00 am - 10:00 am	Breakfast buffet
8:00 am - 5:30 pm	Educational exhibit booths
8:00 am - 10:00 am	Practice Focus Groups
10:15 am - 11:15 am	Council on Nursing Practice
11:30 am - 12:30 pm	Lunch & educational presentation
12:45 pm - 3:15 pm	Congress of Local Bargaining Units
1:00 pm - 2:00 pm	Educational presentation at Congress
1:00 pm - 3:00 pm	Workshops
3:30 pm - 5:30 pm	Workshops
6:00 pm - 8:30 pm	Dinner & speaker, plus recognition of Graduates of Member Leader Training
8:30 pm - 10:00 pm	Reception

WEDNESDAY, SEPTEMBER 17

6:30 am - 10:00 am	Breakfast buffet
8:00 am - 2:00 pm	Educational exhibit booths
8:15 am - 10:15 am	Workshops
10:30 am - 11:00 am	Kick-off plenary
11:30 am - 12:00 pm	Practicing your RN duty to advocate
12:30 pm - 1:30 pm	Lunch and Main session
2:00 pm - 4:30 pm	Voting Body
4:30 pm - 5:00 pm	Closing and call to action



TRANSPORTATION: If you are coming from outside the greater NYC area and need transportation and/or reimbursement for travel, contact the NYSNA Meeting and Convention Planning (MCP) office at **518-782-9400**, ext. 277, or email mcp@nysna.org.

HOTEL INFORMATION: To reserve a room at the Affinia Manhattan Hotel (371 7th Avenue in Manhattan) you must call the Affinia at **1-866-AFFINIA (1-866-233-4642)** or log on to the following website: bit.ly/affiniahotel.

Tell them you are with NYSNA. Single or double rooms are \$309 a night. Triples are \$349. Quadruples are \$389.

Reservations are accommodated on a first come, first serve basis and must be made by August 25, 2014, in order to receive the negotiated rate. Shuttle service will be provided to and from the hotel and the Javits Convention Center.

FOR MORE INFORMATION OR SPECIAL NEEDS:

Please contact the NYSNA Meeting and Convention Planning (MCP) office at **518-782-9400**, ext. 277, or email mcp@nysna.org.

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3 ATTENDING A PRACTICE FOCUS GROUP?

Check off your primary practice setting from the PFG list below:

- ADULT HEALTH
- EMERGENCY NURSING
- BEHAVIORAL HEALTH
- GERONTOLOGICAL HEALTH
- FAMILY/MATERNAL/CHILD HEALTH
- PUBLIC HEALTH
- HOME CARE

4 FOR CONGRESS MEMBERS AND OBSERVERS ONLY

Congress of Local Bargaining Unit Leaders * TUESDAY, SEPT. 16, 12:45 PM - 3:15 PM

- I am attending as the elected chairperson/president of my LBU and declare my voting rights.
- I have been designated by the chairperson/president of my LBU in their absence and declare voting rights. (Your chairperson/president must complete the designation form and submit to Mary Rodriguez by fax at (212) 785-0429 or email at mary.rodriguez@nysna.org.)
- I am attending as an LBU member (as an Observer without voting rights).

* Open to NYSNA local bargaining unit members only.

WAYS TO REGISTER FOR THE NYSNA BIENNIAL CONFERENCE:

- SUBMIT this completed form to your **NYSNA Delegate or Rep**
- FAX to **(518) 782-9530**
- MAIL to **NYSNA MCP, 11 Cornell Road, Latham, NY 12110**
- REGISTER ON-LINE at **www.nysna.org**

FOR OFFICE USE ONLY

REP NAME _____ REGISTERED BY _____