



Nevada HOSA 2019 Health Careers Leadership Experience

Registration Guide

Nevada HOSA Health Careers Leadership Experience 2019 Registration

What is a Leadership Experience?	Chapter success, personal leadership, and college/career information for members and advisors of Nevada HOSA!
When and Where:	The Nevada HOSA Health Careers Leadership Experience is a two-day experience taking place in Las Vegas, NV: December 8-9, 2019: Texas Station 2101 Texas Star Lane North Las Vegas, NV 89032
Registration Due Date:	All materials (Forms 1-4) must be received by 5:00 PM PST on November 15. All registrations are subject to late fees after this date. All registrations must be submitted via upload online.
Eligibility:	Training designed exclusively for members, chapter officers, and advisors of Nevada HOSA
Registration Fee:	\$75 includes leadership training, college/career advice, and much more. This is a two-day event, so hotel rooms are available through Texas Station. NO PURCHASE ORDERS WILL BE ACCEPTED.
Refund Policy:	There are NO REFUNDS , substitutions only. Your chapter will be responsible to pay for the number of students you register for the conference. Once registration is submitted, your balance becomes due and owing. If any student drops out after your chapter submits its registration for the conference, the chapter will still need to pay for that student. In other words, once you register a student, that spot must be paid for.
Change Deadline and CHANGE FEE:	All changes/updates/corrections to registrations after November 15 will incur a \$10 change fee that will be automatically applied by the registration system. There will be NO CANCELLATIONS allowed after 4:00 PM on November 15. After this date if you have a student drop, you can substitute another student in their place.
Substitutions:	Substitutions are accepted. No refunds permitted. Submit all materials for new delegates attending by emailing the Nevada HOSA Associate Director at associatedirector@nevadahosa.org . Name changes after November 15 or on-site will be accepted with a \$10 charge.
Payment:	Make checks payable to Nevada HOSA and mail to: Nevada HOSA P. O. Box 1440 Owasso, OK 74055 PLEASE NOTE: NO PURCHASE ORDERS WILL BE ACCEPTED.
Statement of Assurance:	Return signed Statement of Assurance by uploading it online. Advisor Code of Conduct must be on file with each association to be eligible to attend.

Nevada HOSA Health Careers Leadership Experience 2019 REGISTRATION CHECKLIST

Here are the DEADLINE DATES for the various forms

All registrations are to be uploaded online. The link can be found on your CTSO website. DO NOT EMAIL REGISTRATION FORMS TO ANYONE.

DESCRIPTION	DEADLINE	FORM	DONE
Conference Registration Forms I and II	November 15 (upload online)	1 and 2	
Statement of Assurance	November 15 (upload online)	3	
Service for Students with Special Needs (if applicable)	November 15 (upload online)	4	

MAIL TO: P. O. Box 1440, Owasso, OK 74055

DESCRIPTION	DEADLINE	FORM	DONE
Check made payable to: Nevada HOSA	November 29	N/A	

BRING TO THE CONFERENCE AND KEEP IN YOUR POSSESSION FOR DURATION OF CONFERENCE:

DESCRIPTION	DEADLINE	FORM
Nevada HOSA Student/Alumni Member Release Code	Bring to conference	https://leadable.info/2oRvDSI

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December 8–9, 2019**

Sunday, December 8, 2019:

6 p.m. to 7 p.m.	Registration
7 p.m. to 8:30 p.m.	Opening Session & Keynote Speaker
9:30 p.m. to 10:30 p.m.	Social Activity

Monday, December 9, 2019:

7 a.m. to 8 a.m.	Breakfast
8 a.m. to 8:45 a.m.	Workshops 4 Breakouts
9 a.m. to 9:45 a.m.	Workshops 4 Breakouts
10 a.m. to 10:45 a.m.	Workshops 4 Breakouts
11 a.m. to 11:45 a.m.	Workshops 4 Breakouts
12 noon to 12:25 p.m.	Closing Session

CONFERENCE POLICIES

The Code of Conduct is strictly enforced. Only participants registered for the conference may enter the conference facilities.

Anyone not registered for the conference may not attend or participate.

Students may not "come and go" during the duration of the event. Students may not leave conference facilities without the permission of their advisor.

HOSA requires that all attendees be accompanied by a school approved chaperone who is responsible to ensure all students are supervised and participating fully in the education and leadership activities. Registration materials will only be given to the chaperone.

Attire

Professional business attire is required for the Health Careers Leadership Experience. Please consult attire guidelines for your association when determining what to wear for the Experience.

CONFERENCE CONDUCT

HOSA has proud traditions of excellence! Our members are noted for their professionalism, hospitality, and manners. The very nature of these leadership events demand that all delegates conduct themselves as true "professional student leaders." HOSA has established guidelines for both dress and conduct that contribute to the learning experience. All delegates must understand that though having a good time is definitely encouraged, expectations are high and violations of accepted principles will not be tolerated.

Conduct Enforcement

Chapter advisors are primarily responsible for enforcing all conduct guidelines for his/her chapter members. Staff is available to assist advisors, when necessary, in the enforcement of conduct guidelines.

HOSA advisors work together to make sure the delegation adheres to accepted guidelines. All students need to understand that any advisor's request for improved behavior must be followed. Advisors are encouraged to act on all transgressions by any delegates and to be sure that the delegate's local chapter advisor is made fully aware of the violation.

Participation

All delegates are expected to participate 100% in the conference. This includes attending all general sessions, meetings, and workshops. It is not appropriate for members to be simply "hanging out" during leadership and workshop sessions. It is also important for participants to display excellent standards of professionalism and demeanor. Talking during sessions, refusing to participate, or disrupting sessions with distracting behavior is not a sign of a professional future leader.

ADVISOR DUTIES/RESPONSIBILITIES

As leaders and teachers of young professionals, it is important that we prepare our students for the events to come. The following information will help you to plan for the Health Careers Leadership Experience and prepare your students with important information about the conference. We anticipate a significant number of state business partners or potential partners to be attending and volunteering at the conference. Our members, or in other words, our product, will be on “display” at all hours. Please keep this in mind when determining who represents your chapter.

Students with Special Needs

The State Management Team makes every attempt to accommodate the special needs of students at the conference. If you contact us prior to the conference, we can make the conference and competition as barrier free as possible. If you have students with physical challenges or other special needs that make movement or participation in the conference more difficult, please be sure to complete the “Students with Special Needs Form” and submit it along with your State Registration Materials by the registration deadline outlined in this packet.

Standards of Behavior

A concern at any student conference is the standard of conduct. The Nevada HOSA Health Careers Leadership Experience is no exception. The state staff has worked hard to let the convention teams know how important their role is in making our conference a success, so the image students and advisors make during this conference is vital. Our members exhibiting a business-like image to the conference staff and guests is extremely important.

Visibility

Drop in and check on your students. Performing a “head count” from time to time is important but be sure to physically see every student during the conference. Ask questions about events and have a conversation with them so you can see how they are doing. With all of this, you will know that your students have been accounted for, which helps prevent challenges.

Meet challenges head-on in a positive manner! Do not let things get out of hand—do your part, tactfully. Ask other advisors for ideas if you are not sure how to handle minor situations.

Avoid Common Registration Frustrations

- Check information requested on the registration online form to assure accuracy of name tags, etc. This will save you time at registration! Be sure to use both capital and lowercase letters (do not enter names in all capitals).
- Follow-up with the district or business office to make sure the check will be received on time.
- Do not FAX your materials! The only acceptable way to register for the Health Careers Leadership Experience is by completing the online registration forms and uploading them on the Nevada HOSA website.
- Print all forms and correspondence for your records.
- Bring a copy of all school forms and conference registration records with you to conference.
- Write your full chapter's name on the form. This will reduce mix-ups and delayed registration. Do **NOT** abbreviate your high school name.
- Get the CELL PHONE numbers of every participant attending from your chapter.
- Invite your school administration to showcase HOSA to them!
- Make registration checks payable to: Nevada HOSA.

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REGISTRATION FORM – FORM 1

Complete the following information to register your chapter for the 2019 Nevada HOSA Health Careers Leadership Experience 2019. Please type all information so that it can be read correctly. Upload the completed form no later than 4:00 PM PST on Friday, November 15, online via the Nevada HOSA website.

Payment must be mailed directly to Nevada HOSA, P. O. Box 1440, Owasso, OK 74055, with a copy of Form 1 to arrive no later than Friday, November 29. Late fees will be assessed on all registrations submitted after **November 15** or if payment is received after November 29.

School: _____

Advisor Name: _____

Daytime Phone: _____

Email: _____

Students Attending Rally _____ x \$75 = _____

Adults Attending Rally _____ x \$75 = _____

Late Fees (\$10/person after 11/15) _____ x \$10 = _____

TOTAL DUE: \$ _____

1. Upload this Form, along with Forms 2, 3 and 4 (if applicable), by **November 15** online via the link on the Nevada HOSA website.
2. Make check payable to CTSO Events and send, with a copy of this form, to be received **by November 29** to:

Nevada HOSA
P. O. Box 1440
Owasso, OK 74055

Upload this completed form by November 15 to the link on the Nevada HOSA website.

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STATEMENT OF ASSURANCE - FORM 3

Advisors attending the Leadership Rally events must review, sign, and return this statement of assurance along with their registration materials for each HOSA conference/event.

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As the advisor responsible for the students attending this event, I confirm that:

- I have reviewed the Permission/Medical Release Form with my students, and I will have a completed copy of the Permission/Medical Release Form for each student attending in my possession for the duration of the above event, including travel to and from this event.
- I understand that Nevada HOSA will not collect the individual student forms for this event and that they are to be kept in my possession.
- I understand that students attending the above event may have the opportunity to participate in activities outside of the conference facility, thus requiring walking or further public transportation. I have discussed this with the students and their parents/guardians and have also informed them of proper etiquette and safety precautions while traveling in/around metropolitan areas.
- I understand that proper completion of the permission/medical release form provides the best protection for my students' needs and my liability during a Nevada HOSA event.
- I have checked with my administrator and have secured authorization for my chapter to travel to this event and have reviewed all school/district policies regarding supervision of students on trips and will abide by them.
- Nevada HOSA requires a chaperone to student ratio of 1:15 at the Nevada HOSA Health Careers Leadership Experience 2019.
- The responsibility for the safety of the delegates from this chapter rests with people signing this Statement of Assurance.
- I will participate in all general sessions during the conference and fulfill my assigned responsibilities during the conference.
- I will enforce the conference Code of Conduct and Dress Code, and regularly check-in with my students.
- I will ensure that myself and chaperones assisting me will:
 - Be 21 or older
 - Follow the conference Code of Conduct and Dress Code
 - Act responsibly and interact appropriately with students

I have read the above and hereby offer assurance that I understand and agree to comply with the policies stated on the Permission Forms as indicated by my signature appearing below. (Typing/writing your name in the box below serves as your signature and confirmation of understanding):

Advisor Signature:	
Chapter Name:	
Date:	

Upload this completed form by November 15 to the link on the Nevada HOSA website.

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SERVICE FOR STUDENTS WITH SPECIAL NEEDS—FORM 4

If you have a student who has special learning or other special needs, please indicate those needs here. Please fill in the information as completely as possible to help us provide a positive learning experience for all our conference participants.

Name of Student

Chapter

Event Name:

Are there any specific conditions that we need to be made aware of?

Service or Accommodation Requested:

Upload this completed form by November 15 to the link on the Nevada HOSA website.