

NDLTCA's 2017 Fall Professional Development Conference

Please indicate what session/event you plan to attend and return this attendance collection form to your administrator to complete the online fall conference registration. For planning purposes, accurate numbers of attendance at the following functions is extremely helpful. Registration fee includes all meal functions. Registration & agenda is online at www.NDLTCA.org/conference

ATTENDANCE COLLECTION FORM

Name: _____

Sessions to be attended: (please circle)

Tues: 1 2 3 4 5 6 7 8
 9 10 11 12 13 14 15
 Wed: 16 17 18 19 20 21 22 23
 24 25 26 27 28 29 30 31
 32 33 34
 Thurs: 35 36 37 38

Monday

Welcome Social

Staff Code:

Tuesday

- Breakfast
- Participant Lunch
- NDLTCA Membership Meeting/Lunch
- LTCSWND Membership Meeting/Lunch
- NDANFP Membership Meeting/Lunch
- Trade Show & Dinner Buffet

Wednesday

- Breakfast
- Participant Lunch
- NADONA Membership Meeting/Lunch
- ACHCA/ND Rough Rider Chapter Meeting/Lunch

Thursday

Breakfast

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Breakfast

Staff codes to be used above:

A - Administrator
 B - Director of Nursing
 C - Nurse

D - Dietary Manager
 E - Social Worker
 F - Activities

G - Environmental
 H - Health Info Management
 I - Office /Financial

J - Chaplain
 K - Therapy
 L - CNA

M - Manager
 N - Dietitian
 O - Other

Make additional copies of this page if necessary.