

NDLTCA's 40th Annual Convention & Trade Show

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

ATTENDANCE COLLECTION FORM

Name: _____

Sessions to be attended: (please circle)

Wed: 1/2 3 4 5 6 7 8
 9 10 11/12 13
 Thurs: 14 15 16 17 18 19 20 21
 22 23 24 25 26 27 28 29
 30 31 32 33 34 35 36 37
 38
 Fri: 39 40 41 42 43 44 45 46

Tuesday

NDLTCA Membership Meeting

Staff Code:

Wednesday

- Breakfast
- Participant Lunch
- ACHCA/ND Rough Rider Chapter Lunch Meeting
- Awards Gala* (Additional Fee)

Thursday

- Breakfast
- APND Membership Meeting Breakfast
- LTCSWND Membership Meeting Breakfast
- NDANFP Membership Meeting Breakfast
- Participant Lunch
- NADONA Membership Meeting Lunch
- Theme Hospitality Social
- Dance

Friday

Breakfast

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Breakfast

Make additional copies of this page if necessary.

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