

SAVE THE DATE!

ANNUAL WVLN CONFERENCE

Date: May 17th, 2023

Where: Courtyard Marriott

Courtyard Bridgeport Clarksburg
30 Shaner Drive, Bridgeport, West Virginia 26330

Tel: +1 304-842-0444

<https://www.marriott.com/en-us/hotels/ckbcy-courtyard-bridgeport-clarksburg/overview/>

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WEST VIRGINIA LEAGUE FOR NURSING

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Meet the WVLN Board!

Misty Cooper-President

Natalie Perry-President-Elect

Annette Ferguson-Treasurer

Karen Seel-Secretary



West Virginia League for Nursing

2023 CONFERENCE REGISTRATION FORM

Send \$100 cash or check made **payable to WVLN**, must be post-marked by May 3rd, 2023. Credit cards are not accepted. The fee includes both the conference and a one-year complimentary WVLN membership.

There will be no refunds. An additional \$25 will be charged for any returned checks.

Mail to:

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

SCHOOL: _____

PAID: _____ Check

_____ Cash

Mail conference registration form, payment, and WVLN membership application (attached below) to:

Annette Ferguson
550 Private Drive 3418
Chesapeake, OH, 45619

For questions, please contact Annette at:
(w) 304-636-2638
taylor171@marshall.edu



West Virginia League for Nursing

WEST VIRGINIA LEAGUE FOR NURSING MEMBERSHIP APPLICATION

New Member: _____ Renewal: _____

NAME/CREDENTIALS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

E-MAIL: _____

EMPLOYER: _____

ADDRESS: _____

CITY/STATE: _____

PHONE: _____

E-MAIL: _____

POSITION: _____

PREFERRED ADDRESSES FOR MAIL OR E-MAILS? HOME: _____ WORK: _____

Check appropriate line(s) below: If you are attending the annual conference, the \$100 conference fee includes a complimentary WVLN membership (see attached conference registration form above). Fill out this membership application and simply send in it in with your conference registration form and conference fee – no additional membership fee is required. ***However, if you are unable to attend the conference but still wish to be a member check the last line below (as well as any other applicable lines) and send this membership form along with the \$50 membership fee. If you have any questions, please email misty.cooper@st-marys.org**

- _____ I wish to join the WVLN as a Nurse Educator
- _____ I wish to join the WVLN as a Consumer
- _____ I wish to join the WVLN as a Community Nurse
- _____ I wish to join the WVLN as a (please specify) _____
- _____ *I am unable to attend the conference but want to be a member of WVLN - **MEMBERSHIP Dues Only**
\$50.00 (Make check payable to WVLN)

SIGNED: _____ DATE: _____

We look forward to your active membership in this worthwhile organization.

Please mail application and dues to: Tammy Minor (chair of Membership)
3787 Blue Sulphur Road
Ona, WV 25545