



FLDA Checklist

Registration is not complete without registering online and receipt of **all** forms: **Registration Summary (not invoice), Code of Conduct, and Medical Liability Release** - in addition to **full payment**. **All registration material for a chapter must be sent together in a complete and accurate manner. If you have any questions about properly submitting your school's registration, contact Mandy Memolo at MMemolo@flhosa.org.** Please use this sheet to assist with completing your school's registration accurately and mail to the State Office with forms so it has a postmark of October 16th or before.

Advisor _____ School _____

School/Classroom Telephone Number (____) _____

Advisor Cell Phone Number _____ Advisor E-mail Address _____

- Complete this FLDA Checklist and send with your school's forms
- Online Conference Registration completed before deadline of October 13th, 2023 (no late or on-site registrations).
- If the school is staying overnight, the Chapter Advisor has arranged his/her OWN overnight accommodations with Camp Kulaqua or off-site hotel for the group. The Chapter Advisor understands that overnight accommodations with Camp Kulaqua must be paid after the date of Monday, October 23rd whether the school attends or not (To not be charged, overnight accommodations must be cancelled before Monday, October 23rd). (Florida HOSA will **not** be assigning, nor taking care of overnight accommodations).
- If the school is staying off-site, the Chapter Advisor understands that he/she will need to provide OWN transportation to and from Camp Kulaqua each day (Florida HOSA will not be providing any transportation).
- Copy of the **Registration Summary** - **not invoice** (download from the Conference Registration Page on the Global/National HOSA website after you register; please see *FLDA Online Registration Instructions* document)
- Signed National/Florida HOSA Code of Conduct for each registrant (Code of Ethics for Advisors/Chaperones)
- Signed HOSA Medical Liability Release Form for each registrant
- Payment
- By signing here _____ you, the local Chapter Advisor, certify that you have collected fully completed and signed conference participation forms (Code of Conduct and Medical Liability Release Form) from all students, chaperones (if applicable), and guests (if applicable) that are attending this conference. You also certify that you have submitted a copy of these forms to the Florida HOSA State Office as part of your school's registration packet. You also understand that you are **responsible and required** to bring all original forms with you to the conference in case of an emergency or event that would require their use.

Payment (circle one) school check money order purchase order # _____
(use invoice from Conference Registration Page)

For Office Use Only		
✓ _____	RS _____	CC _____
ML _____	P _____	

Mail to: Florida HOSA State Office
13570 NW 101st Drive
Suite 200
Alachua, FL 32615