Fall Leadership Development Academy (FLDA) Checklist ☑

Registration is not complete without registering online and receipt of ***all*** forms: **FLDA Checklist, Registration Summary Report (*not invoice*), Code of Conduct/Ethics, 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 checklist to assist with completing your school's registration accurately and mail complete registration packet to the State Office (address below) so that it is *POSTMARKED* by **October 20th** or before. Chapters in close proximity to the State Office are encouraged to hand deliver their registration packet; please call 386-462-4672 prior to dropping off to ensure staff is available.

School _____ School Phone Number _____

Advisor Name _____ Advisor Cell Phone Number _____

Advisor E-mail Address _____

If Advisor is *NOT* Attending, Please Provide the Following:

Lead Chaperone Name _____ Lead Chaperone Cell Phone Number _____

Complete Prior to Postmark Deadline:	***Registration Packet:*** *(Mail copies of the documents below; retain originals for your records)*
❑ Online registration completed by deadline (October 10th at 11:59pm EST) ❑ Reviewed FLDA Registration Summary individually with ***all*** registered members to verify proper registration to include any options/activities **before the online registration deadline of October 10th**; and all errors/omissions have been corrected prior to the deadline closing ❑ Arranged overnight accommodations with Camp Kulaqua for all registered members by deadline (October 10th at 5pm EST) **You understand that overnight accommodations with Camp Kulaqua must be paid after the date of October 10th *whether the school attends or not* (to not be charged, overnight accommodations must be cancelled *before* October 10th).** ❑ Reviewed Camp Kulaqua Rules and Regulations document with ***all*** registered members ❑ By signing here _____ you, the local chapter advisor, certify that you have collected fully completed and signed conference participation forms (Code of Conduct/Ethics and Medical Liability Release Form) from all students and chaperones (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, or, if you are not attending, you certify that you have given the forms to the designated Lead Chaperone(s) or Point of Contact(s) listed above to bring to the conference.	❑ This completed FLDA Checklist ❑ Registration Summary Report **(*not invoice*)** – download from the FLDA Conference Registration tile in the Global/National HOSA system after you register ❑ Signed Florida HOSA Code of Conduct **AND** Medical Liability Release Form for each student member ❑ Signed Florida HOSA Code of Ethics **AND** Medical Liability Release Form for advisors/chaperones ❑ Payment (***check one***) ***(WE DO NOT ACCEPT CASH OR PERSONAL CHECKS. DO NOT SEND MULTIPLE PAYMENTS; ONLY ONE FORM OF PAYMENT IS PERMITTED PER CHAPTER.)*** ❑ School Check ❑ Money Order ❑ Bank/Cashier's Check ❑ PO/Check Request (#_____) ***(If submitting a purchase order/check request, payment must still be postmarked by October 20th.)*** **Mail Completed Registration Packet to:** **Florida HOSA State Office** **13570 NW 101st Drive, Suite 200** **Alachua, FL 32615**

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