VOLUNTEER / BUDDY / MONITOR / MODERATOR FORM

PAGE 3. NAME:	PHONE:		
NOTE: Do not submit this form unless you	u have ALREADY REGISTERED	for the conference.	
☐ I Will Volunteer ☐ I Need A Buddy	☐ I Want To Be A Buddy	☐ Monitor / Moderator	
NAME			
IONEORG./CHAPTER			
EMAIL			
Complete this form or register on-line	e: https://www.nbna.org/men	ntorshipprogram	
Volunteering YES. I want to volunteer for the following:			
O Registration O Workshop Monitor	Moderator	O Buddy Program	
O EXHIBIT HALL: 🗖 Thurs. 7/30: 1:30 - 4:30 pm	☐ Fri. 7/31: 10 am - 4 pm	☐ Sat. 8/1: 11 am - 1 pm	
Buddy Program			
FIRST TIME ATTENDEE:	BUDDY ATTENDEE: (atter	BUDDY ATTENDEE: (attended at least 2 conferences)	
🗖 I am a Licensed Nurse	☐ I am a Licensed Nurse	☐ I am a Licensed Nurse	
🗖 I am a Student Nurse	□ I am a Student Nurse		
Thank you for registering for this exciting new progwith your Buddy. You must agree to jointly attend the NBNA Collaborative Mentorship Program will be	at least 2 events with your Bud		
Session Monitor or Session Modera	tor		
Workshop and institute titles will be sent when the list	ing becomes available.		
Please review the workshops and institutes listed, select unthe order of which they are received. PLEASE INCLUDE E		cilitate. Assignments will be in	
SESSION MONITOR: Responsible for checking attende the credentialing body. Monitor arrival and departure of se Tuesday, July 28, 4-5 pm or Wednesday, July 29, 4-5 pm.			
1			
2			
3			
SESSION MODERATOR: Responsible for welcoming the the start and end times as indicated on the speaker line-up time. Moderators must attend the moderator orientation on	in your packet. Conclude the works	shop or institute within the allotted	
1			
2			