2026 REGISTRATION FORM



Registration Deadline: January 15, 2026

STEP ONE YOUR INFORMATION (PLEASE PRINT)

Name (please include designations:	i.e. RN, MT, BSN, etc.)	
Title		
Hospital		
Address, City, State, ZIP		
Phone		
Email		
Dietary Restrictions		
STEPTWO PAYM	MENT INFORMATION	
Leadership Institute Program Progra	am Fee: \$3,975	
Pay by Check (please make check pa	ayable to NHA Foundation)	
☐ Invoice Me		
STEP THREE RE	GISTER	
Mail Registration & Payment:	Nebraska Hospital Association	

134 South 13" Street, Suite 800

Lincoln, NE 68508-1917

OR Scan/Email: santhens@nebraskahospitals.org

Registration Deadline: January 15, 2026. Space is limited, so please register early to secure your seat.



