



National League for Nursing Accrediting Commission, Inc.

3343 Peachtree Road NE, Suite 850 • Atlanta, GA 30326
P. 404.975.5000 • F. 404.975.5020 • www.nlnac.org

**EVALUATION REVIEW PANEL
PARTICIPATION FORM
MEETING: January/February 2012**

Governing Organization Name: _____

Nurse Administrator: _____

Please indicate which option your program will be utilizing:

- I will attend the Evaluation Review Panel meeting at the Westin Buckhead Atlanta, 3391 Peachtree Road, NE, Atlanta, Georgia.

NLNAC has negotiated a special rate of \$139.00 (traditional guestrooms) at the host hotel. The NLNAC cannot guarantee availability; reservations are available at the negotiated rate on a first-come, first-served basis and must be made prior to December 30, 2011. For hotel reservations contact the Central Reservations Office at (800) 937-8461 and refer to the NLNAC Evaluation Review Panel Meeting when placing reservations.

- I will be available by telephone conference call. The NLNAC will provide the call-in number minutes prior to the scheduled time block for review of your program(s). Please provide the contact information where the NLNAC may reach you at that time.

Telephone number: _____

Name and title of contact person: _____

- I will not be available to participate at the Evaluation Review Panel Meeting.

Please fax completed form to: Carla Haynes, Administrative Assistant for Systems Support at (404) 975-5020 by December 30, 2011.

Nurse Administrator Signature: _____