



National League for Nursing Accrediting Commission, Inc.

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EVALUATION REVIEW PANEL
PARTICIPATION FORM
MEETING: May 2010

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 \$129.00 (single/double) at the host hotel. For a hotel reservation contact Group Reservations Coordinator for the Westin Buckhead Atlanta at (404) 832-8069 and refer to the **NLNAC ERP Meeting** when placing reservations.*

I will be available by telephone conference call.

Telephone number: _____

Name and title of contact person: _____

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

Please return completed form to Brad Davis, Administrative Assistant for Systems Support (fax): (404) 975-5020 **by May 5, 2010.**

Nurse Administrator Signature: _____