



National League for Nursing Accrediting Commission, Inc.

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EVALUATION REVIEW PANEL  
PARTICIPATION FORM  
MEETING: January 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 \$119.00 (single/double) at the host hotel. For a hotel reservation contact Hellen Awino, Group Reservations Coordinator for the Westin Buckhead Atlanta at (404) 365-6479 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 would like both option one and option two.  
Please complete the above information under option two.

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

Please return completed form to Brad Davis, Administrative Assistant for Systems Support (fax): (404) 975-5020 **by December 9, 2009.**

Nurse Administrator Signature: \_\_\_\_\_