



Fall Leadership Development Academy (FLDA) Checklist

Registration is not complete without registering online and receipt of **all** forms: **FLDA Checklist, Registration Summary (*not invoice*), Code of Conduct/Ethics, and Medical Liability Release** – in addition to **full payment**. **All registration material for a chapter must be sent together in a complete and accurate manner. If you have any questions about properly submitting your school's registration, contact Mandy Memolo at mmemolo@flhosa.org.** Please use this checklist to assist with completing your school's registration accurately and mail to the State Office (address below) so that it is **POSTMARKED** by **October 23rd** or before.

Advisor Name _____ Advisor Cell Phone Number _____

Advisor E-mail Address _____

Lead Chaperone Name (if advisor is not attending) _____

Lead Chaperone Cell Phone Number (if advisor is not attending) _____

School _____ School Phone Number _____

- This completed FLDA Checklist
- Online registration completed before deadline of October 21st, 2024 (***no late or on-site registrations***)
- Copy of the ***Registration Summary (not invoice)*** – download from the Conference Registration Page on the Global/National HOSA system after you register
- Arranged overnight accommodations with Camp Kulaqua for all registered members; Florida HOSA does **not** assign or provide housing for FLDA
You understand that overnight accommodations with Camp Kulaqua must be paid after the date of October 16th whether the school attends or not (to not be charged, overnight accommodations must be cancelled before October 16th).
- Signed HOSA Code of Conduct for each member **AND** Code of Ethics for advisors/chaperones
- Signed HOSA Medical Liability Release Form for each member **AND** advisors/chaperones
- Payment (***check one***)
 - School Check
 - Money Order
 - Purchase Order/Check Request (# _____)
(if submitting a purchase order/check request, payment must still be postmarked by October 23rd to the Florida HOSA State Office.)
- By signing here _____ you, the local chapter advisor, certify that you have collected fully completed and signed conference participation forms (Code of Conduct/Ethics and Medical Liability Release Form) from all students and chaperones (if applicable) that are attending this conference. You also certify that you have submitted a copy of these forms to the Florida HOSA State Office as part of your school's registration packet. You also understand that you are **responsible and required** to bring all original forms with you to the conference in case of an emergency or event that would require their use, or, if you are not attending, you certify that you have given the forms to the designated Lead Chaperone(s) or Point of Contact(s) listed above to bring to the conference.

Mail Fully Completed FLDA Paperwork to:
Florida HOSA State Office
13570 NW 101st Drive, Suite 200
Alachua, FL 32615

For Office Use Only

CL _____ RS _____ CC _____ ML _____
P _____