

# HOSA Area II CONFERENCE INFORMATION

TO: *Area II HOSA Advisors*

FROM: Jeanne Zander and Linda Montgomery

DATE: November 12, 2008

SUBJECT: HOSA Spring Leadership Conference, January 16 & 17, 2009

The HOSA Area II Spring Leadership Conference will be held at Brenham High School, 525 A.H. Ehrig Drive in Brenham, Texas, beginning Friday, January 16, 2009, with officer candidate interviews at Comfort Suites at 9:00 a.m. and ending Saturday, January 17, 2009 at approximately 4:30 p.m. at the close of the awards ceremony at Brenham High School.

## REGISTRATION

All participants (students, advisors, and chaperones) must be registered. Advisors **MUST** be registered as advisors. Follow the directions on the "How to complete the Online Registration" document to register your participants found at the end of this document.

Only HOSA members whose membership was entered using the online affiliation program may be registered as conference participants. Please bring a copy of your chapter membership (printed from the online affiliation program) to the conference in case there are any questions regarding a student's HOSA membership.

<http://www.registernmychapter.com/hosa/tx/ac/>

1. Use the online conference registration program to register your Participants.
2. Fees for this conference are:
  - Advisor \$25.00 (includes T-shirt)
  - Secondary Students \$25.00 (includes T-shirt)
  - Chaperone \$0

Only online registrations will be accepted.

**Registration deadline is: December 19, 2008**

3. Print a copy of your online registration and send it with a check (**made payable to HOSA, TA**) for your fees to:

**Wanda Senning, CPA  
P.O. Box 65364  
Lubbock, TX 79464**

Please make sure you have your school name on the copy of your online registration that you send to Mrs. Senning. She has to be able to post the check to the correct school.

4. Print one copy of your online registration for yourself.

**CONFERENCE FEES ARE DUE 1 WEEK PRIOR TO CONFERENCE DATE. (January 9, 2009)** You are required to pay a registration fee for every student and advisor on your **original** online registration. No deletions or refunds will be made after the pre-conference registration deadline.

### **ONSITE CHECK-IN**

Onsite check-in will be from 11:00 am to 12:00 pm on January 16, 2009 at Washington County Fair Grounds. Each advisor will be issued their conference registration printout, nametags, programs, maps, etc. Team substitutions may be made **only** during onsite check-in. During onsite check-in the following items will be collected:

- Career Health Posters
- Researched Persuasive Speaking papers – Three copies of the research paper should be in a 9"x12" envelope with the competitor's name and school written on the envelope.
- Student Eligibility forms
- Health Education Videos
- Copy of Medical Liability Forms/ HOSA Code of Conduct forms in an envelope labeled clearly with school name

### **PARKING**

School buses may park in the parking lot between the registration building and the covered pavilion.

### **HOTEL RESERVATIONS**

Each advisor is to make his/her own room reservation with the one of the following hotels; Comfort Suites, Holiday Inn Express or LaQuinta. If arriving on Thursday with officers please reserve rooms at Comfort Suites. Officer credentialing will be conducted there.

**Please be reminded that all Delegates must be housed in approved conference housing to eligible for competition. If you encounter problems with your rooming please contact Janet Villarreal at 1-877-728-0150.**

**Comfort Suites:** 2350 South Day Street, call 979/421-8100

Please identify your group as being part of Health Occupations Students of America and the name of your school and city. Check in time is 3 p.m. Single room rate is \$99.00; Double Room Rate for 2 to 4 person is \$99.00 and a 7% city tax. State tax is an additional 6%, unless you present a state tax exempt form at the time of check-in.

Reservations must be made by January 2, 2009 to get the conference rate. After the deadline date, any uncommitted rooms on the HOSA block will be released and additional reservations will be honored on a rate and space available basis, as would be for the case of early arrivals and late departures.

**Holiday Inn Express:** 555 Highway 290 West, Call 979/836-4590

Please identify your group as being part of Health Occupations Students of America and the name of your school and city. Check in time is 3 p.m. Single room rate is \$85.00; Double Room Rate for 2 to 4 person is \$85.00 and a 7% city tax. State tax is an additional 6%, unless you present a state tax exempt form at the time of check-in.

Reservations must be made by January 2, 2009 to get the conference rate. After the deadline date, any uncommitted rooms on the HOSA block will be released and additional reservations will be honored on a rate and space available basis, as would be for the case of early arrivals and late departures.

**LaQuinta:** 2950 Woodridge Blvd., Call 979/836-5551

Please identify your group as being part of Health Occupations Students of America and the name of your school and city. Check in time is 3 p.m. Single room rate is \$109.00; Double Room Rate for 2 to 4 person is \$109.00 and a 7% city tax. State tax is an additional 6%, unless you present a state tax exempt form at the time of check-in.

Reservations must be made by December 17, 2008 to get the conference rate. After the deadline date, any uncommitted rooms on the HOSA block will be released and additional reservations will be honored on a rate and space available basis, as would be for the case of early arrivals and late departures.

Each school will pay for their own block of rooms and any incidental charges upon check-in if paying in cash or upon departure if secured with a credit card.

**Miscellaneous Room Information:** Reservations are held until 6:00PM on the day of arrival, unless accompanied by a deposit or an individual's credit card. Check-in time is 3 p.m. and check-out time is 12:00 p.m. Upon request, the hotel will be happy to arrange for baggage storage for luggage until actual departure from the hotel.

Do not unload luggage until you have obtained room keys. This will avoid overcrowding in the lobby. Please remind your students of the following:

1. No phone calls from the rooms.
2. No room service/meals charged to the room.
3. No movies unless an advisor prepays at the front desk.
4. There will be other guests in the hotel - be courteous.

**No students are to be left at the hotel without a designated advisor/chaperone.**

**FOOD:** Some of the near-by restaurants are:

Arby's, CiCi's Pizza, Sonic, Applebees, Chili's, Taco Bell, Burger King, McDonalds, KFC, Whataburger, Popeye's and Starbucks just to mention a few. Advisors will receive a full dining guide and a map at check in.

**SOCIAL**

The Area II Officers have planned a fun-filled evening for Friday night, January 16, 2009.

## **NAME TAGS**

Conference nametags must be worn at all times during all HOSA activities.

## **VOTING DELEGATES**

Each chapter may register two voting delegates for the area conference. It is best to select students that will not be competing. Voting delegates must wear their ribbons and sit in the reserved section during the business session.

## **COMPETITIVE EVENTS**

Read carefully the HOSA, TA Advisor Handbook regarding competitive events. Please prepare students to have a positive attitude. They should understand that the true benefit of competition is in the preparation, participation, and networking - and not only winning.

## **COURTESY CORPS**

Each advisor may but is not required to register two students to serve as Courtesy Corps. These students will be giving an assignment. Courtesy Corp students will receive their assignment 2 week prior to the conference date via their advisor. Courtesy Corp students should not be involved in competitive events.

## **ADVISOR RESPONSIBILITY**

**All** advisors must participate in conference management by sharing in conference duties. Failure to complete designated duties may result in the advisor appearing before the Board of Directors, which may result in the disqualification of the advisor's students.

## **CODES OF CONDUCT AND MEDICAL LIABILITY RELEASE FORM**

Advisors are responsible for having their students complete the HOSA Code of Conduct form and Medical Liability Release form. A parent or guardian's signature is required on both forms. Advisors should sign the Advisor's Code of Ethics form. Please have all of these forms in your possession during the conference. Copy of Medical Liability Forms/ HOSA Code of Conduct forms in an envelope labeled clearly with school name

## **SPECIAL NEEDS STUDENT EVENTS**

Student Eligibility Forms for students participating in First Aid/Rescue Breathing, Personal Skills, Speaking Skills and Interviewing Skills must be turned in during onsite packet pickup. **If special accommodations need to be made for your special needs student, please email these needs to Janet Villarreal at [texashosa@stx.rr.com](mailto:texashosa@stx.rr.com) .**

## **JOB SEEKING SKILLS AND INTERVIEWING SKILLS**

Cover letters and resumes must be emailed to HOSA, TA Executive Director Janet E. Villarreal at [Texashosa@stx.rr.com](mailto:Texashosa@stx.rr.com) on or before the conference registration deadline **(December 19, 2008)**

Make sure that you make a note for them to type in the Subject Line: Resume and their Area. For example, Resume Area 2

***The resume and cover letter should be emailed by the student.***

## **SCHOLARSHIPS**

All scholarship applications must be **mailed** to the Executive Director- Janet Villarreal 205 Palm Circle, Laredo, Texas, 78041. Applications **MUST** be postmarked on or before the Conference Registration Deadline. (**December 19, 2008**)

## **OFFICER PACKETS**

All officer applications and forms **MUST** be mailed to the Executive Director- Janet Villarreal, 205 Palm Circle, Laredo, Texas 78041. All applications **MUST** be postmarked on or before the Conference Registration Deadline. (**December 19, 2008**)  
All officer candidates must be registered for the conference.

## **AWARD PRESENTATION**

All participants should plan to attend the closing ceremony. If a competitor is unable to attend the awards ceremony to receive his/her medal, the advisor should designate someone to receive the medal for the student.

## **CHAPERONES**

The **required** ratio for adult supervision of students is 1 adult sponsor (who is not a HOSA Board of Directors member) per 10 students for all HOSA activities.

## **LOST & FOUND**

Any items (notebooks, purses, money, etc.) found should be taken to the Tabulation Room. Individuals having lost an item may claim said item from the Tabulation Room. Any items not claimed prior to the start of the closing ceremony will be discarded.

## **POSTER & NOTEBOOK PICK-UP**

All Health Careers Posters, Extemporaneous Health Posters, Outstanding HOSA Chapter scrapbooks, HE videos and Community Awareness notebooks, etc. must be picked up from the Tabulation Room **at least one hour prior** to the start of the closing ceremony. Any unclaimed posters or notebooks will be discarded.

## **CONTACT NUMBERS:**

Conference Chair: Jeanne Zander  
Email : [jzander@brenhamisd.net](mailto:jzander@brenhamisd.net)  
School Phone Number : 979/277-6570 ext. 1190  
Linda Montgomery  
Email: [lindamo@brenhamisd.net](mailto:lindamo@brenhamisd.net)  
School Phone Number: 979/277-6750 ext. 1191  
Conference Chair fax number: 979/277-6544  
Executive Director –Janet Villarreal  
[texashosa@stx.rr.com](mailto:texashosa@stx.rr.com)  
956-728-0150  
1-877-728-0150 (toll free)

**We will once again be collecting pop tops for Ronald McDonald House, so be sure and keep collecting those pop tops. Turn in at registration**

**Area II**  
 Tentative CONFERENCE SCHEDULE  
**FRIDAY**  
**January 16, 2009**

8:00 am	Area Officer Meeting and Breakfast	Comfort Suites
9:00 am	Officer Candidate Credentialing	Comfort Suites
11:00am - 12 noon	General Registration (advisors only)	Washington County Fair Grounds
	Turn in Health Careers Posters, IEPs, Persuasive Speaking Papers, and Health Education Videos.	
2:00 pm	First General Assembly <b>(NO food or drinks allowed! If you are late, you will not be allowed into the bulding until 3:15pm. We will still be in class! No exceptions!)</b>	BHS Auditorium
3:00 pm	Advisor Orientation	Room to be announced
3:15 pm	Voting Delegate Meeting	BHS Auditorium
3:15 pm	All Others	BHS Cafeteria or Court Yard
4:15 pm	Leadership Events – Extemporaneous Health Poster Teamwork Events - Medical Reading Test	
4:30 pm	Health Professions Events Emergency Preparedness Events	
5:30 pm	Teamwork Events - Medical Reading	

**SATURDAY**  
**January 17, 2009**

8:00 am	Health Science Events (spelldown)	
	Leadership Events – all other	
8:30 am	Teamwork Events – all other	
	Recognition Events	
12 noon - 2:30 pm	Lunch on your own	
3 pm - 4:30 pm	Second General Assembly	BHS Auditorium

## AREA II SPRING LEADERSHIP CONFERENCE DIRECTIONS

Directions to Washington County Fairgrounds for Area 2 HOSA Leadership Conference Registration  
Directions to hotels and school will be given at registration.

### From 290 West

Take 290 West to FM 577. Turn right onto 577 toward SH 105. Go straight through 105 intersection and follow the curve on 577. At top of curve, turn right on Old Independence Road. Enter Fairgrounds through first open gate on the left and drive straight back to white two-story building where conference registration will be held.

### From 290 East

Keep to the right on 290 East and go around Brenham to the intersection of FM 577 and 290. Turn left onto FM 577 toward SH 105. Go straight through 105 intersection and follow the curve on 577. At top of curve, turn right on Old Independence Road. Enter Fairgrounds through first open gate on the left and drive straight back to white two-story building where conference registration will be held.

### From 36 North

Take 36 North to 290. Turn right on feeder road and enter 290 East. Get in the left hand lane and take 290 to the intersection with FM 577. Turn left onto FM 577 toward SH 105. Go straight through 105 intersection and follow the curve on 577. At top of curve, turn right on Old Independence Road. Enter Fairgrounds through first open gate on the left and drive straight back to white two-story building where conference registration will be held.

### From 36 South

From 36 South, take TX-36 Business ramp toward Brenham. Turn left at second light onto FM 577/Blue Bell Road. Turn left at Old Independence Road. Enter Fairgrounds through first open gate on the left and drive straight back to white two-story building where conference registration will be held.

### From 105

Take TX 105 to FM 577. Turn right onto FM 577/Blue Bell Road and follow the curve on 577. At top of curve, turn right on Old Independence Road. Enter Fairgrounds through first open gate on the left and drive straight back to white two-story building where conference registration will be held.



## Area Spring Conference Registration Check List

	<p><b>1.</b> Completed the online registration process by <b>December 19, 2008</b></p> <ul style="list-style-type: none"><li>a. Chose correct events for each participant</li><li>b. Emailed any accommodations your special needs event competitor will need.</li><li>c. Confirmed 1 adult chaperone for every 10 students</li></ul>
	<p><b>2.</b> Made two Printouts of your online registration</p>
	<p><b>3.</b> Mailed printout of the online registration to Wanda Senning, CPA with a check made payable to HOSA TA by January 9, 2009</p> <p style="text-align: center;">Wanda Senning, CPA P. O. Box 65364 :Lubbock, Texas 79464</p>
	<p><b>4.</b> Made Hotel Reservations by: December 19, 2008 or January. 2, 2009, depending on hotel. Make a copy of rooming list and tax exempt form for Hotel to help expedite Hotel check in.</p>
	<p><b>5.</b> Signed Advisor Code of Ethics and Medical Liability form</p>
	<p><b>6.</b> Had students sign Code of Conduct, and Medical Liability Form. Made sure that forms are completely filled out (be sure to have a copy of these forms to turn in at registration table. Advisor must be in possession of the original forms while at the conference) <b>Placed forms in an envelope and write the name of your school and chapter number on the front.</b></p>
	<p><b>7.</b> Reminded Job Seeking and Interviewing Skills participants to email their resume with cover letter to the Executive Director, Janet Villarreal at <a href="mailto:texashosa@stx.rr.com">texashosa@stx.rr.com</a> on or before conference registration deadline. (<b>December 19, 2008</b>) Students should bring an extra copy of their resumes and cover letters as well as their confirmation notice that the resume and cover letter has been received with them to the conference</p>
	<p><b>8.</b> Mailed Scholarship Applications to the Executive Director, Janet Villarreal on or before conference registration deadline. Make sure that applicants are registered for conference.</p>

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**ON-SITE CHECK IN**

To expedite On-Site Check in, please make sure that you have the following ready to turn in.

	Student Code of Conduct and Medical Liability Forms (Place copies inside an envelope with your school name and chapter number on the front of envelope)
	Student Eligibility forms for Special Needs students
	Health Career Poster
	Health Education Video
	Researched Persuasive Speaking– Research Papers ( papers must be in a large brown envelope with the students name on the outside of the envelope)
	List of “No Shows”
	List of Substitutes

# HOSA CODE OF CONDUCT

A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should reflect credit to you, your school, state and HOSA.
2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all times. (HOSA conference name badges shall be worn at all times.)
3. Participants are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any incidents, injuries or illness to their local or state advisor immediately.
5. Members are expected to observe the designated curfew. (Curfew is defined as being **QUIETLY** in your **OWN** assigned room by the designated hour.)
6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.
7. Participants attending any HOSA Conference may not purchase, consume, or be under the influence of alcohol or drugs at any time. Violators will be subject to disciplinary action.
8. Smoking or using tobacco products at a school-related or school-sanctioned activity on or off school property is prohibited.
9. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
10. Any long distance phone calls, charges to the room, etc., will be the responsibility of the individual student and/or their parents.
11. Participants will abide by the HOSA Conference Attire Policy at all business sessions, general sessions, competitive events, and other conference activities.

I have read the above Code of Conduct for HOSA conferences and agree to abide by the rules.

\_\_\_\_\_  
Printed Name of Parent / Guardian

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Student Signature

Date:

I, \_\_\_\_\_, hereby grant Texas HOSA program permission to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, of me and permission to use the said photographs, videotapes, broadcasts, and/or sound recordings for educational and promotional purposes on any delivery system.

\_\_\_\_\_  
Student signature/date

\_\_\_\_\_  
Parent/guardian signature/date

# HOSA, TA ADVISOR'S CODE OF ETHICS

1. HOSA Advisors project a positive and professional image of Health Science Education and HOSA to all those with whom they interact.
2. HOSA Advisors promote HOSA as a positive student experience, therefore, will act as positive role models for students in dress, voice, attitude, actions, and demeanor.
3. HOSA Advisors are accountable to and for their students in all HOSA-related activities.
4. HOSA Advisors understand and follow established processes within the HOSA organization that protect the rights of all members.
5. HOSA Advisors are expected to perform all assigned duties.

HOSA advisors are proud of the standard of excellence they maintain for themselves and their students. Attendance at any HOSA function implies acceptance and practice of these standards.

*I have read the above Code of Ethics for HOSA Advisors and agree to accept and practice these standards.*

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

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### Plan of Action: For failure to follow the Advisor's Code of Ethics

- Conference with the board of Directors
- Consequences to be determined by Board of Directors, up to the notification to the appropriate administrator.

I, \_\_\_\_\_, hereby grant the Texas HOSA program permission to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, of me and permission to use the said photographs, videotapes, broadcasts, and/or sound recordings for educational and promotional purposes on any delivery system.

\_\_\_\_\_  
Advisor signature/date

# MEDICAL LIABILITY RELEASE FORM

**DIRECTIONS:** Due to legal restrictions, it is necessary that all delegates, parents/guardians, guest and HOSA advisors complete this form as a prerequisite for eligibility to attend any HOSA Leadership Conference. The HOSA chapter advisor should keep the original copy for Area and State Conferences. For National Conference, the original forms are sent to the State Advisor who forwards them to National HOSA.

## PLEASE TYPE OR PRINT ALL INFORMATION

Delegate's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Delegate's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Local Advisor: \_\_\_\_\_

School Name: \_\_\_\_\_

Student is covered by group or medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, complete the following information:

Name of insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please completely describe any medical condition which may recur or be a factor in medical treatment:

- a. Allergy: \_\_\_\_\_
- b. Physical Handicap: \_\_\_\_\_
- c. Convulsions: \_\_\_\_\_
- d. Medicine Reactions: \_\_\_\_\_
- e. Blackouts: \_\_\_\_\_
- f. Disease of any kind: \_\_\_\_\_
- g. Heart or lung problems: \_\_\_\_\_
- h. Other (Be Specific): \_\_\_\_\_

If currently taking medication, please provide the following information:

\* Name of medication: \_\_\_\_\_

\* Prescribing Physician and Phone Number: \_\_\_\_\_

**LIABILITY RELEASE:** I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release the National HOSA Board of Directors, the National Staff, State and Local HOSA Associations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

**PARENT/GUARDIAN:** Please check one of the following and sign your name.

\_\_\_\_\_ I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

\_\_\_\_\_ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(the above line is applicable for delegates under the age of 18 and must be signed by the parent or legal guardian.)*

Delegate's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Hotel Registration per Room

*(Make copies of form if necessary.)*

*(Please bring copy of form with any changes upon check-in)*

Hotel \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Contact Person \_\_\_\_\_

Number of Rooms Reserved \_\_\_\_\_

Confirmation Number (s) \_\_\_\_\_

PERSON RESPONSIBLE FOR GROUP \_\_\_\_\_ *ESTIMATED TIME OF ARRIVAL:* \_\_\_\_\_

Persons in Room # \_\_\_\_\_

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Persons in Room # \_\_\_\_\_

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## HOSA Online 2008 Spring Conference Registration and Instructions

<http://www.registermychapter.com/hosa/tx/ac/>

1. Click on the link above for registration.
2. Please read all directions carefully



3. Click the **CONFERENCE REGISTRATION** button to begin registration. You will be brought to the log in screen, but if you have never registered before, you'll notice text that says, "**If you have never registered this chapter before, please click [here](#) to add your school**". Click the **here** link to add your school to our database. ***If you have registered before, please log in with your previous User Name and Password.*** If you add a duplicate school record to the database it could cause additional work for yourself and possibly your state advisor. If you have forgotten your user name and/or password, type in your e-mail address in the blank provided at the bottom of the screen, and click **Submit**. Your user name and password will be e-mailed to you.
4. Click the **ADD NEW NAME** button to add a new name to the list. Provide the participant's last name, first name, and select their status from the drop down list. Click the Submit button (either of them), and the name will be added for you.
5. Continue adding names until you have entered all of your participants. At any point, you may press the **VIEW REGISTRATION** button to get an idea of your total invoice amount, and a better understanding of who is registered.
6. When you are finished, press the **SUBMIT TO HOSA** button at the bottom. You may be presented with a red error message. For instance, if you forgot to enter an Advisor, a message will appear letting you know that. Click the **Back to Registration** link to go back and add an advisor to the invoice. Once you have done that, click the **SUBMIT TO HOSA** button again.

7. Be sure to **Print** a copy of this invoice to send in with your payment. Next, press the **CONFIRM** button at the bottom to confirm that the invoice is correct. A copy of the invoice will be e-mailed to you, and to the administrator.
8. If you need to edit your registration, you may come back to this web site as you did above and make changes up until the registration deadline. In order to make changes, click on the **CONFERENCE REGISTRATION** link at the left, and log in using your user name and password. The list of registered individuals will appear. Simply click the **Edit** link, and make any changes you need. When you do this, remember to press the **SUBMIT TO HOSA** button to check for problems, and to resubmit the invoice.
9. Once you are finished with your registration, be sure to either click the **LOG OUT** button to make sure that the connection is securely closed, or exit your browser. This will ensure that no one can get in and make changes to your registration.