



HEALTH OCCUPATIONS STUDENTS OF AMERICA

Region IV HOSA

School _____

Advisor _____

The 2007-08 Regional assessment is \$3.00 per student

Your initial chapter roster shows _____ students

Your supplementary roster shows you added _____ students

Please send \$ _____ for your chapter

Make checks payable to Bloomingdale Region IV HOSA

Please send checks to:

C. Mentzer
Bloomingdale High School
1700 E. Bloomingdale Ave or
Valrico, FL 33594

C. Mentzer
Bloomingdale High School
Hillsborough County
Route 5

Please attach a roster of student names to complete registration.

Advisors do not pay Regional Dues.