

**OREGON HOSA  
Advisor Data Sheet**

***Important!! Please complete this form and return to the  
Oregon HOSA office by November 1. Thank you!***

- Complete one form for each advisor
- Make additional copies as necessary

School:	Number of years as HOSA Advisor:
Name:	Number of years teaching:
Title:	
Chapter Name"	
Chapter Address:	
School Phone:	
School FAX:	
School E-Mail:	
Name of Administrator:	
Your Home Address:	
Home Phone:	
Home E-Mail:	

Person Information: \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Home E-Mail may be shared with:

\_\_\_\_\_ Advisors \_\_\_\_\_ State Officers \_\_\_\_\_ Placed in Directory for HOSA Members

Competitive Events you would like to assist with at State Leadership Conference:

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Comments: \_\_\_\_\_

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**Mail to:** Oregon HOSA  
2611 Pringle Rd SE  
Salem OR 97302  
FAX 503-385-4875