

**48th Annual LSNO Professional Growth Seminar**  
**Louisiana School Nurses: Resilient through the Storms**  
**March 29, - 31, 2017**  
**Golden Nugget Hotel & Casino**  
**2550 Golden Nugget Blvd.**  
**Lake Charles, LA 70601**

Please complete the entire form.

<b>Conference Attendance:</b>		<u>NASN/LSNO Member</u>	<u>Non-Member</u>
<b>Full Conference</b>	<b>Includes:</b> Reception, 3 days of Conference, Breakfast, Business meeting, & Banquet	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$350.00 <small>* Non-members do not attend Business Meeting</small>
<b>Two Days</b>	<b>Please Identify the 2 days attending:</b> <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$265.00
<b>One Day</b>	<b>Please Identify the day attending:</b> <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday - <b><u>NO</u></b> On-site Registration.	<input type="checkbox"/> \$105.00	<input type="checkbox"/> \$175.00
<b>Miscellaneous:</b>	<b>Late Registration fee</b>	<input type="checkbox"/> \$25.00 , if postmarked <b>after</b> 13 March.	
	<b>Conference Binder</b>	<input type="checkbox"/> \$20.00	
	<b>Attending Banquet Only</b>	<input type="checkbox"/> \$55.00	
<b>Guest(s): (LSNO member's guests attending Banquet.)</b>		<input type="checkbox"/> \$55.00	Name: _____

**Early Bird discount: IF registration and payment are postmarked by 20 February, a \$25.00 discount will be applicable.**  
(Please do not ask for the discount if you miss the deadline.)

**TOTAL:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Please Note:** 1) This year **NO** conference materials or binder will be provided. The conference handouts will be emailed to you prior to the conference for you to either print or download to a tablet or laptop.  
2) All cancellations must be received in writing before EOB March 1, 2017. Total refund, minus a \$50.00 assessment fee, will be mailed after the conference.

**For Planning Purposes - Please complete the following Information.**

**I will attend:**

**I will NOT attend:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Welcome Reception: Tuesday, 28 March 2017**  
**Breakfast Buffet, Thursday, 30 March 2017**  
**Business Meeting (members only): Thursday, 30 March 2017**  
**Banquet: Thursday night, 30 March 2017**

**Required Information:** Check applicable employment status and school nurse certification level.

**Employment:** \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Parochial \_\_\_\_\_ Charter \_\_\_\_\_ N/A

**School Nurse Certification Level:** \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ N/A

**Name:** \_\_\_\_\_ **Parish (not school)** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Mail Check and Completed Form to: LSNO**  
c/o Verna Thompson  
50 Woodland Road  
Amite, LA 70422

**For Questions:**  
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985-517-1622