

**49th Annual LSNO Professional Growth Seminar
Sprinting for School Health: 50 years Strong**

March 20 - 23, 2018

**L'auberge du Lac Resort
777 Avenue L'auberge
Lake Charles, LA 70601**

Please complete the entire form.

Conference Attendance:		<u>LSNO/NASN Member</u>	<u>Non-Member</u>
Full Conference	Includes: 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>
Two Days	Please check the 2 days attending: <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$265.00
One Day	Please check the day attending: <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> \$105.00	<input type="checkbox"/> \$175.00
One Mile Fun Run Registration	T- shirt size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$20.00
EARLY BIRD DISCOUNT: registration & payment must be postmarked by 26 February to obtain the discount.	Late Registration fee	<input type="checkbox"/> \$25.00 , if postmarked after 01 March 2018	
	Conference Binder	<input type="checkbox"/> \$20.00	
	LSNO T-Shirts \$15.00 by pre-order	<input type="checkbox"/> \$ _____ S M L XL 2XL 3XL 4XL	
	Guest(s): attending Banquet.	<input type="checkbox"/> \$55.00/pp Name(s): _____	
(Please do not ask for the discount if you miss the deadline.)		<input type="checkbox"/> - \$ 25.00 Early Bird Discount	
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, 2018. Total refund, minus a \$50.00 assessment fee, will be mailed after the conference.

For Planning Purposes: Be as accurate as possible.	Please call the following for more information regarding:	
I will attend:	Conference Information	Membership Information
_____ Welcome Reception: Tuesday, 20 March 2018	Niona Whiddon	Verna Thompson
_____ Breakfast Buffet, Thursday, 22 March 2018	337-463-5908	985-517-1622
_____ Business Meeting, Thursday, 22 March 2018 (members)	nwhiddon@beau.k12.la.us	verna.thompson@tangischools.org
_____ Banquet: Thursday night, 22 March 2018		

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 Completed Registration Form and Check: LSNO
c/o Tricia Strother
292 M West Road
Pitkin, LA 70656