

47th Annual LSNO Professional Growth Seminar
Advocating, Caring, and Innovating: School Nurses on the Geaux!
April 13 - 15, 2016
Golden Nugget Hotel & Casino
2550 Golden Nugget Blvd.
Lake Charles, LA 70601

Please complete the entire form.

<u>Conference Attendance:</u>		<u>NASN/LSNO Member</u>	<u>Non-Member</u>
Full Conference	Includes: Reception, 3 days of Conference, Business meeting & Lunch, & Banquet	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$350.00
Two Days	Please Identify 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 Identify the day attending: <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday - NO On-site Registration.	<input type="checkbox"/> \$105.00	<input type="checkbox"/> \$175.00
<u>Miscellaneous:</u>	Late Registration fee	<input type="checkbox"/> \$25.00 , if postmarked after 19 March.	
	Conference Binder	<input type="checkbox"/> \$20.00	
	Attending Banquet Only	<input type="checkbox"/> \$55.00	
<u>Guest(s):</u> (LSNO member's guests attending Banquet.)		<input type="checkbox"/> \$55.00 Name: _____	
		<input type="checkbox"/> \$55.00 Name: _____	
Early Bird Discount		Discount of \$25.00 , if postmarked before 21 February.	
TOTAL:		\$ _____	\$ _____

Please Note: 1) This year **NO** conference materials or binder will be provided. The conference handouts will be available on the LSNO Website 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 15, 2016. Total refund, minus a \$50.00 assessment fee, will be mailed after the conference.

For Planning Purposes - Please complete the following information.

<u>I will attend:</u>	<u>I will NOT attend:</u>	Welcome Reception: Tuesday, 12 April 2016
_____	_____	Business Meeting (members only): Thursday. 14 April 2016
_____	_____	Banquet: Thursday night, 14 April 2016
_____	_____	

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