

## Registration Form - For multiple registrations, please feel free to duplicate this form.

Dr.  Mrs.  Ms.  Mr.  RN  LPN  Other \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employing Agency \_\_\_\_\_ Specialty Work Area \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Contact Person: Rita Peerson (985) 448-4695**

### Please register me for the education activity(ies) below:

- Aug. 31, 2007 • **Understanding Traditional, Complementary, and Alternative Therapies in the Care of Cardiopulmonary Clients**
- Oct. 25, 2007 • **Mentoring and Precepting: Cultivating an Environment of Professional and Clinical Nursing Development**
- Nov. 15, 2007 • **Crisis: The State of Mental Health Care in Louisiana**
- Dec. 11, 2007 • **Effectively Managing the Health Care Intergenerational Workforce**
- Jan. 4, 2008 • **School Health Nursing: A Focus on the School-Aged Child**
- Jan. 24, 2008 • **Current Trends in the Care of Diabetic and Renal Disease Patients: An Update for 2008**
- Feb. 21, 2008 • **Cardiology Update 2008: Time for a Review of What's New in Interventional Cardiology**
- Mar. 6, 2008 • **Trends in Plastic Surgery and Dermatology: Implications for Nursing**
- Apr. 17, 2008 • **Palliative Care: Principles, Challenges and Strategies for Transforming End of Life Care**

### Registration Information

Registration fee includes continental breakfast, break refreshments and CNE activity materials/handouts.\*A penalty fine of \$15 will be charged for all checks returned by the bank.

**Note:** Please bring a light sweater for your comfort.

### Visitor's Parking Permit

You are authorized to park in the visitor parking area identified on the Campus Parking Facility Map printed on the permit attached to this brochure. Please place this permit on your vehicle's dashboard for all CNE activities for the Fall 2007 and Spring 2008 semester.

### Enclosed:

Individual	_____ @ \$65/day	=	_____
Retired Nurse	_____ @ \$30/age 55 or older	=	_____
Student	_____ @ \$20	=	_____
Late Fee	_____ @ \$10	=	_____

**Total Enclosed** \$ \_\_\_\_\_

check  money order

**Make checks payable to: Nicholls State University**

**College of Nursing & Allied Health CNE Program**

### Mail to:

College of Nursing & Allied Health • CNE Program  
P. O. Box 2057 • Nicholls State University  
Thibodaux, LA 70310

### Refund Policy

Registration fees will be refunded in full if cancellation notice is received five days prior to the activity. Refunds after this date will be subject to a \$15 administrative fee. Substitutions may be accepted or the fee can be transferred to another activity.

### Cancellation Policy

Nicholls State University's College of Nursing & Allied Health CNE Program reserves the right to cancel or postpone CNE activities, to limit registration or to change instructors. In the event of a cancellation for any reason, such as insufficient registration response, or condition beyond their control, the liability of Nicholls State University College of Nursing & Allied Health CNE Program shall be limited to a full refund of registration fees. Refund policy on CNE activities in the College of Nursing & Allied Health does not necessarily apply to other educational activities at Nicholls.

### Accreditation

Nicholls State University College of Nursing and Allied Health is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center Commission on Accreditation.

Nicholls State University College of Nursing and Allied Health is approved by the Louisiana State Board of Nursing (LSBN) (Provider Number 8) for re-licensure requirements.

### Disclaimer

Accreditation refers to recognition of educational activities only and does not imply approval or endorsement of any product by the American Nurses Credentialing Center Commission on Accreditation or Nicholls State University.

### Special Needs

Persons with special needs identified under the Americans with Disabilities Act, please call (985)448-4695.