

The NH School Nurses' Association  
Presents the

## **School Nurse Basics Workshops 2010**

Saturday September 25, 2010

SERESC

29 Commerce Dr. Bedford, NH

Registration/Continental Breakfast 7:45 AM -8:15 AM

Program 8:15AM – 4:15 PM

This workshop is filled with information that all school nurses need to know to make their practices flow more smoothly. If you are a new school nurse, this workshop will shorten the learning curve. If you are an experienced school nurse, come for the update and help to mentor new school nurses.

### Topics:

Surviving as a New School Nurse, Resources & Key Issues, Vision Screening, Immunizations, Hearing Screening, and an update on H1N1.

6.0 contact hours

Questions about this conference?

Contact Laurie Fleming at [lfleming@derry.k12.nh.us](mailto:lfleming@derry.k12.nh.us) or call 432-1224 x 232.

Cancellations received by 7 days before the conference date will be honored with a refund less a \$25 processing fee. Cancellations received after 7 days before will receive a non transferable, partial credit voucher (amount paid less \$25.) valid for one year toward a future conference

**No refunds or vouchers for non attendance or cancellations the day of the conference.**

Please keep this flyer for date & directions.

**Directions:** You can find directions on the SERESC website at <http://www.seresc.net/directions.php>.

Please complete below and **mail by September Sept 15, 2010** with this form to:

Laurie Fleming  
3 South Range Road  
Derry, NH 03038

## School Nurse Basics 2010

\_\_\_\_\_ I am a current member or am sending my membership dues (\$70 if currently a member, \$105 if sending both the workshop payment and the membership dues when signing up for this conference)

\_\_\_\_\_ I am **not** currently a member and I am not ready to join at this time (\$90)

Membership Applications can be found on our website at [www.nhschoolnurses.org](http://www.nhschoolnurses.org). The application can be found under the Join NHSNA hyper link in the left hand column. Check must be payable to **NHSNA**.

**(We're sorry, but purchase orders/credit cards are not accepted)**

Name \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grades \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_