

**SOUTH  DAKOTA**  
Center for Nursing Workforce  
**2019 Symposium**

**April 30, 2019**  
Hilton Garden Inn  
5300 S. Grand Circle, Sioux Falls, SD

**Individual Registration Form**

***Please print!***

Name: \_\_\_\_\_  
First

\_\_\_\_\_ Last

Credentials: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Facility/Company: \_\_\_\_\_

**Financial Information:** I understand that registration is not considered complete until payment of fee is made.

**Fee: \$35**

Method of Payment: Check or money order payable to SD Board of Nursing.

**Mail Registration Form and Fee to:** SD CNW c/o SD Board of Nursing  
4305 S. Louise Ave, Ste 201  
Sioux Falls, SD; 57106-3115

***Confirmation will be sent to e-mail listed above.***

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**Please print!** **Group Registration Form**

First Name	Last Name	Credentials
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

**Name of Company:** \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of Registration Coordinator:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Financial Information:** Registration is not considered complete until payment of fee is made.

**Fee: \$35 per participant**

Method of Payment: Check(s) or money order(s) payable to SD Board of Nursing.

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