



DELEGATE REGISTRATION FORM

(Please Print Clearly)

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: (_____) _____ Mobile: (_____) _____ Home E-mail: _____

ORNAO Regional Membership Number: ON-____ - ____ - ____ - ____
 (You **must** include your Regional Membership in order to obtain RN member rate)

Hospital/Company: (Name to appear on name badge) _____

Designation / Title / Position: _____

City: _____ Work Ph: (_____) _____ Ext. _____

Work E-mail: _____ Work Fax: (_____) _____

Special Dietary Needs: Diabetic Vegetarian Food Allergies: (specify) _____

CONFERENCE REGISTRATION FEES				
Check Appropriate Box(s)		RN Member / RN PeriOperative Students	Non Member	Sub-total
Daily Rate (Breakfast and Lunch Included)	Monday, June 18, 2012	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$290.00	\$
	Tuesday, June 19, 2012	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$290.00	\$
	Wednesday, June 20, 2012	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$240.00	\$
Daily Rate (BSCN Student) Copy of student card or proof of enrolment is required upon check-in	Monday, June 18, 2012		<input type="checkbox"/> \$55.00	\$
	Tuesday, June 19, 2012		<input type="checkbox"/> \$55.00	\$
	Wednesday, June 20, 2012		<input type="checkbox"/> \$45.00	\$
3-Day Package (Includes daily breakfast, lunch, education sessions and social events: Welcome Reception, ORNAO Exhibitor's Dinner)		<input type="checkbox"/> \$475.00 (before May 15, 2012)	<input type="checkbox"/> \$630.00	\$
		<input type="checkbox"/> \$575.00 (after May 15, 2012)	<input type="checkbox"/> \$730.00	\$
3-Day Package (BSCN Student) Cost does not include - ORNAO/Exhibitor's Dinner (Copy of your student card or proof of enrolment is required upon check-in)			\$105.00	\$
To assist us in planning, please indicate if you will be attending the Welcome Reception on Sun. June 17/12 <input type="checkbox"/> Yes <input type="checkbox"/> No				



DELEGATE REGISTRATION FORM continued

Method of Payment

Registration will close on Monday, June 11, 2012 . Onsite registrations will be accepted.			TOTAL
			\$
Cancellation / Refund Policy: Please note that all cancellation or refund requests must be made in writing to Gerhard Event Services. A full refund, less a \$50.00 administration fee , will be available until April 15th . NO REFUNDS will be issued after April 15th, 2012.			
Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard			
Credit Card No:		Expiry Date:	
CSC: Last three digits in the signature area on the back of your card.		Signature:	
Name of Card Holder:			
Cheque: Make payable to: ORNAO 2012 Provincial Conference			

Please Mail/Fax Registration Form with payment to:

ORNAO 2012 Provincial Conference
 c/o Gerhard Event Services
 1418 Queenston Road, Cambridge, ON, N3H 3L6
 Ph: 905-937-3443 Fax: 905-228-0756
 Email: registration@gerhard.ca