

Celebrate Success- Innovate, Integrate..... Inspire!
The 14th Biennial ORNAO Conference
Downtown Toronto, Hyatt Regency, Ontario
April 28 - May 1, 2016

Website: www.conference.ornao.org/

DELEGATE REGISTRATION FORM

(Please Print Clearly)

Last Name:	First Name:	
Designation eg. RN, BScN, RNFA, CPN(c):		
Mailing Address:		
Home Phone: ()Mobile:	()	Home E-mail:
ORNAC Member / Associate Number:		Go to <u>www.ornac.ca</u> to get your membership today and save up to \$125 in conference registration fees!
Hospital/Company Info: (To appear on name badg	ge)	
Title / Position:		
City: Work F	Ph: ()	Work E-mail:
Special Dietary Needs: □ Vegetarian □ Food	Allergies: (specify)_	
attendee to the conference. In addition, please indicate your preference	e to share the fol	tomatically appear online at the registration site as an lowing info (name, hospital, title, work email

	CONFERENCE	REGISTRATION FEES		
Check Appropriate Box(s)		ORNAC Member / Associate / Post RN PeriOperative Students	Non- Member	Sub-total
Daily Rate (Breakfast Included)	Friday, April 29, 2016	□ \$225.00	□ \$300.00	\$
	Saturday, April 30, 2016	□ \$225.00	□ \$300.00	\$
	Sunday, May 1, 2016	□ \$160.00	□ \$240.00	\$
Daily Rate (BScN Student) Copy of student card or proof of enrolment is required upon check-in	Friday, April 29, 2016		□ \$75.00	\$
	Saturday, April 30, 2016		□ \$75.00	\$
	Sunday, May 1, 2016		□ \$50.00	\$
3-Day Package (Includes daily breakfast, education sessions and social events: Welcome Reception, ORNAO / All Exhibitors' Dinner)		□ \$550.00 (before April 1, 2016)	□ \$675.00	\$
		□ \$650.00 (after March 31, 2016)	□ \$775.00	\$
3-Day Package (BScN Student) (Copy of your student card or proof of enrolment is required upon check-in)			□ \$155.00	\$
Friday Lunch Ticket			□ \$10.00	\$
Saturday Lunch Ticket			□ \$10.00	\$



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DELEGATE REGISTRATION FORM continued...

Are you a first time attendee? If so, the President's hospitality room.	then you will receive a welcor	ne package upon check-in and invitat	tion to 🗆 Yes 🗆 No	
	on form for the other attendee	other attendees? s and indicate who is attending which AC to the first 10 total BScN students		
To assist us in planning, please inc Workshops on Thursday, April 2 "Preventing the Ouch! Treat "Innovative Operative Solut New Attendee Orientation on Th Evening Welcome Reception on ORNAO / All Exhibitors' Dinner	28, 2015 from 1300-1600hrs: ment and Prevention of Pre- tions for Patient Positioning ursday, April 28, 2015 Thursday, April 28, 2015	· ·	□ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No	
	Method of P			
Registration will close on Monday, April 25, 2016. Onsite registrations will be accepted. \$				
via email at registration@ornao-con	ference.org.	r refund requests must be made to G until March 19th. NO REFUNDS will		
Credit Card: UISA	□ 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:				

Please Mail/Fax Registration Form with payment to: ORNAO 2016 Provincial Conference

c/o Gerhard Event Services 1418 Queenston Road, Cambridge, ON, N3H 3L6

Ph: 905-937-3443 Email: registration@ornao-conference.org