



DELEGATE REGISTRATION FORM

(Please Print Clearly)

Last Name: _____ First Name: _____

Designation eg. RN, BScN, RNFA, CPN(C): _____

Mailing Address: _____

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

ORNAC Member / Associate Number: _____

Go to www.ornac.ca to get your membership today and save up to \$125 in conference registration fees!

Hospital/Company Info: (To appear on name badge) _____

Title / Position: _____

City: _____ Work Ph: (_____) _____ Work E-mail: _____

Special Dietary Needs: Vegetarian Gluten Free Food Allergies (please specify) _____

CONFERENCE REGISTRATION FEES				
Check Appropriate Box(s)		ORNAC Member / Associate / Post RN PeriOperative Students	Non-Member	Sub-total
Daily Rate (Breakfast Included. Lunch tickets available below for purchase.)	Friday, September 28	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$300.00	\$
	Saturday, September 29	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$300.00	\$
	Sunday, September 30	<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	Friday, September 28		<input type="checkbox"/> \$75.00	\$
	Saturday, September 29		<input type="checkbox"/> \$75.00	\$
	Sunday, September 30		<input type="checkbox"/> \$50.00	\$
3-Day Package (Includes daily breakfast, education sessions and social events: Welcome Reception, ORNAO / All Exhibitors' Dinner). Lunch tickets available below for purchase.		<input type="checkbox"/> \$550.00 (before August 20, 2018)	<input type="checkbox"/> \$675.00	\$
		<input type="checkbox"/> \$650.00 (after August 20, 2018)	<input type="checkbox"/> \$775.00	\$
3-Day Package (BScN Student) (Copy of your student card or proof of enrolment is required upon check-in)			<input type="checkbox"/> \$155.00	\$
Friday Lunch Ticket			<input type="checkbox"/> \$10.00	\$
Saturday Lunch Ticket			<input type="checkbox"/> \$10.00	\$
Sunday Boxed Lunch Ticket			<input type="checkbox"/> \$10.00	\$
Banquet Dinner Ticket			<input type="checkbox"/> \$100.00	\$



DELEGATE REGISTRATION FORM continued...

Are you a first-time attendee? If so, then you will receive a welcome package upon check-in and invitation to the President's hospitality room. **Yes** **No**

If purchasing a 3-Day Package, is this registration being split with other attendees? **Yes** **No**

If yes, then please fill out a registration form for the other attendees and indicate who is attending which day.
 Note that tickets to the ORNAO All Exhibitors' Dinner are being sponsored by OPEAC to the first 10 total BScN students that register.

To assist us in planning, please indicate if you will be attending the following events:

Workshops on Thursday, September 28, 2018 from 1300-1600 hrs:

"Best Practices in Patient Positioning" by AMT **Yes** **No**

New Attendee Orientation on Thursday, September 27, 2018 **Yes** **No**

Evening Welcome Reception on Thursday, September 27, 2018 **Yes** **No**

ORNAO / All Exhibitors' Dinner on Friday, September 28, 2018 **Yes** **No**

Method of Payment

	TOTAL		
	\$		
<p>Cancellation / Refund Policy: Please note that all cancellation or refund requests must be made to ORNAO 2018 Conference via email at registration@ornao-conference.org. A full refund, less a \$50.00 administration fee, will be available until August 20, 2018. NO REFUNDS will be issued after August 20, 2018.</p>			
<p>Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard</p>			
Credit Card No:		Expiry Date:	
CSC: Last three digits in the signature area on the back of your card.		Signature:	
Name of Card Holder:			
<p>Cheque: Make payable to ORNAO Provincial Conference</p>			

Please Mail Registration Form with payment to:
ORNAO Provincial Conference
c/o Gerhard Event Services
 42 Tannery Street East, Suite 232, Cambridge, ON, N3C 2B9
 For inquiries, call 519-222-6168 Email: registration@ornao-conference.org