Chronic Disease Management Institute

Registration Form

November 10 - 14, 2013

Niagara Falls, ON

By Mail: Attn: Lauren Nickol
RNAO, IABPG
158 Pearl Street, Toronto, ON M5H 1L3

Name:

Organization:

Address:

City: Province: Postal Code:

Work Phone: Fax:

E-mail: Dietary Restrictions:

Institute Fees

Registration Rate: □ RNAO/RPNAO Member $2,216.81 + $ 288.19 HST= $ 2505.00
□ Non-Member $3,126.55 + $ 406.45 HST= $ 3533.00

Payment Type: □ Cheque enclosed □ Mastercard
□ Visa □ American Express

Card Holder Name:

Card Number: Expiration Date: Signature:

Paid By: □ Employer □ Individual

HST #: 107883282
All Cheques should be made payable to RNAO

In Case of Emergency Call:
Name:
Phone:
Relation:

Photos will be taken during the event for future promotional use. Does RNAO have permission to use photos you may be in? Yes No

Does RNAO have permission to distribute your contact information on a Networking List distributed to participants? Yes No

Financial Assistance: Funding may be available for Ontario RNs and RPNs from the Nurse Education Initiative which is funded by the Ontario Ministry of Health and Long-Term Care and administered through RNAO. For more info contact RNAO at: 1-866-464-4405 or educationfunding@rnao.org

Cancellations will be accepted up and including October 20, 2013 at 4:00 p.m. less an administration fee of $75.00. Attendee Substitutions after this date are acceptable. RNAO reserves the right to cancel or reschedule this event.
RNAO cannot compensate you for the cost of unuable travel expenses or any other expenses resulting from cancellation.

Questions? Contact us: events@rnao.org, 1-800-268-7199 or 416-599-1925