

Where in 2014? Hilton Toronto, 145 Richmond Street West

## 2014 AGM REGISTRATION FORM

Deadline: Monday, April 28, 2014

FAX: RNAO - Attn: Bertha Rodrigues (416) 599-1926 Extn 212

MAIL: RNAO - Attn: Bertha Rodrigues, 158 Pearl St, Toronto ON M5H 1L3

<b>Name:</b>		<b>RNAO Membership # :</b>	
<b>Address:</b>			
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>	
<b>Phone:</b>	<b>Email:</b>		
<b>Billing Address:</b> <input type="checkbox"/> Same as above			
Or:			
<b>City:</b>	<b>Province:</b>	ONTARIO	<b>Postal Code:</b>
<b>Please select:</b>			
<input type="checkbox"/> Board Member		<input type="checkbox"/> Interest Group Chair	
<input type="checkbox"/> Consultation Representative (formerly called voting delegate)		<input type="checkbox"/> Chapter President	
<input type="checkbox"/> Student		<input type="checkbox"/> RNAO Past President	
<input type="checkbox"/> Lifetime Achievement Award/Honoured Friend Of Nursing (formerly called Honorary Life/Honorary Member respectively)		<input type="checkbox"/> General Member	
		<input type="checkbox"/> Non-Member	
We will accommodate the following dietary restrictions:			
<input type="checkbox"/> I am vegetarian <input type="checkbox"/> I have food allergies. Please specify _____			
<b>Thursday, May 1, 2014</b>		<b>Friday, May 2, 2014</b>	
<input type="checkbox"/> <b>Reception &amp; Opening Ceremonies</b> (No fee) (6:00 pm – 9:00 pm) All invited		<input type="checkbox"/> <b>Consultation Representatives (only) Session</b> (7:50 am – 8:20 am) - Mandatory	
<input type="checkbox"/> <b>Resolution Discussion</b> (No fee) (9:00 pm – 9:30 pm) All invited. Mandatory for Consultation Representatives		<input type="checkbox"/> <b>Annual General Meeting</b> (No fee) (8:30 am – 4:15 pm) All invited. Mandatory for Consultation Representatives and Board of Directors	
		<input type="checkbox"/> <b>Leadership Luncheon</b> (St. Andrew's Club & Conference Centre, University & King) (12:30 pm – 2:00 pm)	
		<input type="checkbox"/> \$30 - Regular* <input type="checkbox"/> \$20 - Student*	
		<input type="checkbox"/> <b>President's Reception &amp; Banquet</b> (6:15 pm – 10:00 pm) Reception / Cash bar	
		<input type="checkbox"/> \$75 each x ____ (# of individual tickets)* <input type="checkbox"/> Guest <input type="checkbox"/> \$600 – Table of 8* <input type="checkbox"/> \$750 – Table of 10*	

\*Tickets and tables will NOT be reserved unless payment is received **IN FULL at the time of booking.**

**Refund Policy:** Refunds for the President's Banquet and for the Leadership Luncheon will be issued if requested before 4:00pm (EST) on Monday, **April 21, 2014**, minus an administration fee of **\$30.00**. Please note that refunds for the Leadership Luncheon or the President's Banquet will **not** be given if requested after this date. If you have a ticket for either of these events, you may give it to someone else. You are not required to notify RNAO of substitutions.

Requests for refunds for Interest Group breakfasts should be directed to the relevant interest group.

**RNAO 2014 AGM REGISTRATION FORM**

Deadline: Monday, April 28, 2014

FAX: RNAO - Attn: Bertha Rodrigues (416) 599-1926 Extn 212  
 MAIL: RNAO - Attn: Bertha Rodrigues, 158 Pearl St, Toronto ON M5H 1L3

Name:	RNAO Membership # :
-------	---------------------

**Saturday, May 3, 2014****Interest Group Meetings**

*Individual Interest Group Meetings: 8:00 am - 11:00 am (unless otherwise specified)*      **NO CHARGE TO ATTEND**

<input type="checkbox"/> <b>I will NOT be attending an Interest Group meeting</b>
<input type="checkbox"/> CHNIG – Community Health Nurses’ Initiatives Group <input type="checkbox"/> CNSAO – Clinical Nurse Specialist Association of Ontario <input type="checkbox"/> CTNIG – Complementary Therapies Nurses Interest Group <input type="checkbox"/> INIG – International Nursing Interest Group <input type="checkbox"/> MCNIG – Maternal Child Nurses’ Interest Group <input type="checkbox"/> NPAO – Nurse Practitioners’ Association of Ontario <input type="checkbox"/> NSO – Nursing Students of Ontario <input type="checkbox"/> OCNIG – Ontario Correctional Nurses Interest Group <input type="checkbox"/> ONEIG – Ontario Nurses for the Environment <input type="checkbox"/> PCNIG – Palliative Care Nurses Interest Group <input type="checkbox"/> PNEIG – Provincial Nurse Educators Interest Group <input type="checkbox"/> PNIG – Parish Nursing Interest Group <input type="checkbox"/> RNIG – Rainbow Nursing Interest Group <input type="checkbox"/> SNIG – Staff Nurse Interest Group
<b>11:30 am - 12:30 pm : Keynote Presentation    TBC</b>
<b>1:00 pm - 2:30 pm : Workplace Liaisons Meeting &amp; Lunch (for Workplace Liaisons only)</b>

**Payment**

<b>Refund policy:</b> see RNAO refund policy on previous page	
Total Amount (both pages):	Cardholder Name (as shown on card):
Payment Type: <input type="checkbox"/> Cheque enclosed <input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard <input type="checkbox"/> American express
Card Number:	Expiration Date:      Signature:
Office Use Control #:	HST # 107883282