

HWE Workshop Series Registration Form

February 20th, July 18 and September 8

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

By Fax: 416-599-1926 attn: Bertha Rodrigues

By Email: lnickol@rnao.ca

Name:

Organization:

Address:

City:

Province:

Postal Code:

Work Phone:

Fax:

E-mail:

Dietary Restrictions:

Workshop Options:

Option 1: Attend one workshop at regular price:

Member fee: \$165 + \$21.45 (HST) = **\$186.45**

Non-Member fee: \$220 + \$28.60 = **\$248.60**

Option 2: Attend two workshops and receive a 10% discount from both registration rates:

Member fee: \$297 + \$38.61 (HST) = **\$335.61**

Non-Member fee: \$396 + 51.48 (HST) = **\$447.48**

Option 3: Attend three workshops and receive a 15% discount from all three registration rates:

Member fee: \$420.75 + \$54.70 (HST) = **\$475.45**

Non-Member fee: \$561 + 72.93 (HST) = **\$633.93**

Please select the workshops you would like to attend:

Part 1 - Individual Strategies for a healthy work environment (Professionalism, Self-Care, Fatigue)

Part 2 - Inclusivity for a Healthy Work Environment (Conflict, Violence and Bullying in the Workplace)

Part 3 - Leadership for a Healthy Work Environment (Leadership at the point of care)

Payment Type: Cheque enclosed Mastercard
 Visa American Express

Paid By: Employer Individual

Card Holder Name:

Card Number:

Expiration Date:

Signature:

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.ca

Cancellations will be accepted upto 30 days prior to the workshop at 4:00 p.m. less an administration fee of \$50.00. RNAO reserves the right to cancel or reschedule this event. RNAO cannot compensate you for the cost of travel expenses or any other expenses resulting from cancellation. Refunds will not be issued on discounted rates should you choose not to attend a workshop.

In Case of Emergency Call:

Name:
Phone:
Relation:

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