



# CNO 31st Biennial Conference 2018

"Nurses: Transformational Leaders, Advocating for Quality Health Care"

October 21st - 27th, 2018



## REGISTRATION FORM

Suffix: Mr/Mrs/ Miss/ Dr./ Prof. \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel: (Home) \_\_\_\_\_ Tel: (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_  Voting Delegate

### HOTEL REGISTRATION + TRAVEL INFORMATION

Please enter your travel details below ( if applicable)

\_\_\_\_\_ Date of Arrival \_\_\_\_\_ Time of Arrival

\_\_\_\_\_ Date of Departure \_\_\_\_\_ Time of Departure

\_\_\_\_\_ Airline \_\_\_\_\_ Flight#

\_\_\_\_\_ Hotel Name  
Please indicate the name(s) of person who will be sharing with you.

#### Room Rates

ROOM TYPE	PRICE Per Person Per Night(All Inclusive)
<input type="checkbox"/> Single Occupancy	\$312.15 USD
<input type="checkbox"/> Double Occupancy	\$207.29 USD
<input type="checkbox"/> Triple Occupancy	\$173.10 USD
<input type="checkbox"/> Quadruple Occupancy (for Students Only)	\$155.72 USD
Amount of Days _____ X _____	
USD dollars	
Price Total _____	

\_\_\_\_\_ Roommate 1: \_\_\_\_\_ Roommate 2: \_\_\_\_\_ Roommate 3

### PROFESSIONAL ASSOCIATION

Please enter the name of your National Nurses Association below:

\_\_\_\_\_ NNA:

#### NAME AND SIGNATURE OF THE PRESIDENT OF THE ASSOCIATION IS REQUIRED

\_\_\_\_\_ President's Name: \_\_\_\_\_ Signature:

\_\_\_\_\_ Applicant's Name: \_\_\_\_\_ Signature:

# REGISTRATION FORM PART B

Please Select Appropriate Box below	Cost per person	Total
<b>EARLY REGISTRATION</b>		
Retired Nurses <input type="checkbox"/>		
Nursing Students <input type="checkbox"/>		
CNO Members/ Nurses <input type="checkbox"/>		
Non-Member/ Visitor <input type="checkbox"/>		
<b>LATE REGISTRATION</b>		
Retired Nurses <input type="checkbox"/>		
Nursing Students <input type="checkbox"/>		
CNO Members/ Nurses <input type="checkbox"/>		
Non-Member/ Visitor <input type="checkbox"/>		
<b>DAILY REGISTRATION</b>		
Retired Nurses <input type="checkbox"/>		
Nursing Students <input type="checkbox"/>		
CNO Members/ Nurses <input type="checkbox"/>		
Non-Member/ Visitor <input type="checkbox"/>		
Attending Cultural Events <input type="checkbox"/>		

*On completion of form please submit with required payment to:*

**Mailing Address:** Barbados Nurses Association, Gibbon House, Lower Collymore Rock, St. Michael, BARBADOS. BB11000.

**Fax:** 1 246 436-6279 / **E-mail:** cnoabar2018@gmail.com

BANK OF NOVA SCOTIA	Branch Transit# 70565
Address	Rockley, Christ Church, Barbados, W.I.
Telephone Number	1 (246) 426-7000
Account Name:	BNA/CNO Conference Services
Swift Code: NOSCB BBB	Account # 811220

GRAND TOTAL ..... (USD)

*\* Insert amount in bracket*  
 USD \$ conversion rate ..... (1.9741 BDS)

BDS Dollars ..... (BDS)

