



CNO 31st Biennial Conference 2018

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

October 21st - 27th, 2018



Registration is NOW OPEN!

The Barbados Nurses Association is honoured to be the host of the 31st Biennial Conference. We are happy to announce that registration is now opened. We invite you to experience and discover the majestic isle of Barbados. From Oistins to Speightstown, Harrison's Cave to the Animal Flower Cave, an awesome adventure awaits you. With every precious pearl of experience shared, leadership lessons learnt, research findings reveal and friendships forged, it is going to be epic.

Register Now!

All prices are quoted in USD



Registration Information

MEMBER LEVEL	EARLY REGISTRATION 19th Feb-Aug 31st, 2018	LATE REGISTRATION 1st Sept - 30th Sept, 2018
Retired Nurses	\$300	\$350
Nursing Students	\$300	\$350
CNO Members/Nurses	\$375	\$450
Non - Members	\$450	\$500
Daily Registration	\$100	\$100
Student Day Pass	\$ 85	\$ 85

TOTAL

Full registration entitles you to access to all educational and business sessions, conference bag, transportation to and from the airport to the Conference Hotel, health institution visits and the cultural night events and Church Service.

Daily Registration entitles you access to the educational and business sessions on the day for which you have registered, as well as meals for non-hotel occupants. It is preferred that payment for daily registration be made no later than September 30th, 2018.

Cancellation Policy: Any cancellation made prior to September 30, 2018 will be refunded less \$150 USD for administration fees. There will be no refund for cancellations done after September 30.

Delegates will only be considered registered on receipt of stipulated registration fee and the deposit of two night's hotel accommodation fee. **HOTEL RATES: All prices are quoted in USD**

The Barbados Hilton Hotel will be the conference venue. Conference delegates will receive an all inclusive package. All room rates are per person per night and these special rates are valid from 19 October to 30 October 2018 on a first come, first serve basis. Delegates are required to deposit two nights payment in order to secure the hotel room. The special rate includes all meals – breakfast, lunch, dinner and mid-morning and afternoon coffee/tea breaks, free parking, complimentary Wi-Fi, use of the gym facilities and tennis court.



The Hilton check in time is 3.00 pm, check out time is 12.00 midday.

Should you have any special needs or dietary requirements, please indicate below:

Room Rates

ROOM TYPE	PRICE Per Person Per Night(<i>All Inclusive</i>)
<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 (<i>for Students Only</i>)	\$155.72 USD

On completion of form please submit with required payment to:

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

Fax: 1 246 436-6279

E-mail: cnoabar2018@gmail.com

Wire Transfer Details

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: NOSCBBBB	Account # 811220



FOR MORE INFORMATION PLEASE CONTACT:
The Secretariat:
Telephone No: 1-246-427-5627
Fax: 1-246-436-6279
Email: cnoabar2018@gmail.com
Website: <http://barbadonursesassociation.webs.com/>
<https://www.cnoconference.org/>



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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.*

_____ *Roommate 1:* _____ *Roommate 2:* _____ *Roommate 3*

Room Rates

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<input type="checkbox"/> Single Occupancy	\$312.15 USD
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<input type="checkbox"/> Triple Occupancy	\$173.10 USD
<input type="checkbox"/> Quadruple Occupancy (for Students Only)	\$155.72 USD
Amount of Days _____ X _____	
Price Total _____	

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
EARLY REGISTRATION		
Retired Nurses <input type="checkbox"/>		
Nursing Students <input type="checkbox"/>		
CNO Members/ Nurses <input type="checkbox"/>		
Non-Member/ Visitor <input type="checkbox"/>		
LATE REGISTRATION		
Retired Nurses <input type="checkbox"/>		
Nursing Students <input type="checkbox"/>		
CNO Members/ Nurses <input type="checkbox"/>		
Non-Member/ Visitor <input type="checkbox"/>		
DAILY REGISTRATION		
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"/>		

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SUBTOTAL

VAT 15%

GRAND TOTAL