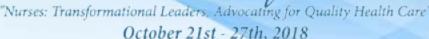


CNO 31st Biennial Conference 2018





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.



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 requi	irements, please indicate below:

Room Rates

ROOM TYPE	PRICE Per Person Per Night(All Inclusive)
☐ Single Occupancy	\$312.15 USD
☐ Double Occupancy	\$207.29 USD
☐ Triple Occupancy	\$173.10 USD
☐ Quadruple Occupancy (for Students Only)	\$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: cnobar2018@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	





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:	Pos	stal code:		
Tel: (Home)	Tel: (Cell):			
Email Address:		Voting Delegate		
	HOTEL REGISTRATION	+ TRAVEL INFOR	MATION	
Please enter your travel	details below (<i>if applicable</i>)	Room Rates		
		ROOM TYPE		CE Per Person t(All Inclusive)
Date of Arrival	Time of Arrival	Single Occupa	nncy	\$312.15 USD
		_ Double Occup	oancy	\$207.29 USD
Date of Departure	Time of Departure	Triple Occupa	<u> </u>	\$173.10 USD
Airline	 Flight#	_ Quadruple Oc (for Students (- 1	\$155.72 USD
110 mic	I ugiu	Amount of Days	X	
Hotel Name Please indicate the name(s) o	of person who will be sharing with you			
Roommate 1:	Roommate 2:		ımate 3	
	PROFESSIONA	AL ASSOCIATION		
Please enter the name of	f your National Nurses Associati	on below:		
NNA:				
NAME AND SIGNATU	JRE OF THE PRESIDENT OF	THE ASSOCIATION I	S REQUIRE	E <u>D</u>
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		
Nursing Students		
CNO Members/ Nurses		
Non-Member/ Visitor		
LATE REGISTRATION		
Retired Nurses		
Nursing Students		
CNO Members/ Nurses		
Non-Member/ Visitor		
DAILY REGISTRATION		
Retired Nurses		
Nursing Students		
CNO Members/ Nurses		
Non-Member/ Visitor		
Attending Cultural Events		

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: cnobar2018@gmail.com

BANK OF NOVA SCOTIA	Branch Transit# 70565	SUBTOTAL
Address	Rockley, Christ Church, Barbados,W.I.	
Telephone Number	1 (246) 426-7000	VAT 15%
Account Name:	BNA/CNO Conference Services	GRAND TOTAL
Swift Code: NOSCBBBB	Account # 811220	