ONTARIO OCCUPATIONAL HEALTH NURSES ASSOCIATION

Suite 504, 701 Evans Ave., Toronto, Ontario M9C 1A3
Tel: 416-239-6462 Fax: 416-239-5462 www.oohna.on.ca

THE WORKING MIND (TWM) WORKSHOP
REGISTRATION FORM

*Please **PRINT** clearly.*

Name: _____

Company Name: _____

Position: _____

Telephone № (Primary) _____
(I give OOHNA permission to call me at this number)

Email (Primary): _____
(I give OOHNA permission to send all email correspondence to this email) Under the Current Canadian Anti-Spam law, emails will only be emailed to this email address.

Mailing Address: _____

City: _____ **Province:** _____

Postal Code: _____

How did you learn about "The Working Mind (TWM)" Workshop?

_____

REGISTRATION

Registration Fee: ☐ OOHNA Member $192.10 (taxes included) ☐ Non-Member $226.00 (taxes included)
Registration fee includes 2 refreshment breaks and lunch.

TWM TRAINING IS AIMED TO:

- **Improve** short-term performance and long-term mental health outcomes
- **Reduce** barriers to care and encourage early access to care
- **Provide** the tools and resources required to manage and support employees who may be experiencing a mental illness
- **Assist** supervisors in maintaining their own mental health as well as promoting positive mental health in their employees

DATE/TIME:

Friday September 27, 2019 from 8:30 a.m. to 4:30 p.m.

LOCATION

GE Canada | 1919 Minnesota Ct, Mississauga, Ontario. Free Parking.

PAYMENT

We accept cheque or credit card whichever is convenient for you.
If you prefer to pay by cheque, make it payable to Ontario Occupational Health Nurses Association for the amount due and mail it with your completed registration form to 701 Evans Ave., Ste. 504, Toronto, ON M9C 1A3.

☐ Cheque Enclosed
☐ Credit Card (fax to 416-239-5462)
Payment must be received no later than September 24, 2019.

PAYING BY MASTERCARD OR VISA COMPLETE BELOW

AMOUNT DUE $_____ **Today's Date (DD/MM/YY)** _____

Mastercard/VISA №

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

CVV Number – last 3 digits on back of card
☐☐☐

Expiry Date
☐☐ ☐☐
Month/Year

Cardholder Signature _____

Cardholder Name as appears on card _____

Billing Address of Cardholder _____