



Thursday, JUNE 3, 2021
VIRTUAL CONFERENCE REGISTRATION RATES

CODE	OOHNA Members	
MC	1 Day Virtual Conference	$\$250.00 + \32.50 HST <hr/> \$282.50
CODE	NON-MEMBER	
NC	1 Day Virtual Conference	$\$275.00 + \35.75 HST <hr/> \$310.75

CE CREDIT HOURS WILL ONLY BE ISSUED TO PAID REGISTRANTS WHOSE NAME IS PRINTED ON THE REGISTRATION FORM.

**Please include HST with payment
(HST exempt? Please include exemption form with payment)**

Payment Information

Payment by Cheque, Money Order or Credit Card must accompany completed registration form.

Faxed registrations without payment by credit card will NOT be accepted

- NSF cheques will be assessed a \$16.95 processing fee.
- Refunds may be issued upon WRITTEN REQUEST up to May 14, 2021, less an administration fee of \$79.10. No refunds will be issued after this date.
- Registration transfer may be considered upon written request up to May 21, 2021, less an administration fee of \$33.90.
- HST exemption forms MUST accompany the registration form where applicable.

Please send Cheque or Money Order made payable to:
OOHNA Conference
Ontario Occupational Health Nurses Association
701 Evans Ave., Suite 504, Toronto, ON M9C 1A3
OR

If paying by credit card OOHNA Members can register on-line.

Non-member and members can fax completed registration and credit card information to 416-239-5462 or Scan and email to: administration@oohna.on.ca



KEEPING WORKERS WELL 2021 Registration Form

Name: _____
 Employer: _____
 Position/Title/Department: _____
 Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Tel: () _____ Fax: () _____
 E-mail: _____ First OOHNA conference?
 OOHNA # _____ NP RN RPN Other _____
 How many years have you worked as an OH Nurse? _____

AREA OF SPECIALTY:

Disability Management Wellness Hospital Safety HR Other
 OOHNA Member Non-Member Retired/Student*

REGISTRATION CODE

1 Day CONFERENCE Thursday June 3, 2021

Fee: \$ _____

Add 13% HST - (HST/GST #10400 1318) Plus 13%

TOTAL REMITTED for all of the above :

\$ _____

METHOD OF PAYMENT – Please complete

PAID BY:

Company Credit Card Personal MasterCard Personal VISA Cheque Enclosed

AMOUNT Remitted \$ _____

MasterCard/VISA No.

CVC Code – last 3 digits on back of card

Month

Year

Expiry Date /

Signature (for Credit Card) _____

NAME EXACTLY AS IT APPEARS ON CARD _____
{Please PRINT}

Card Holder's Billing Address for this Credit Card: _____

Card Holder's Billing Postal Code: _____ Today's Date (DD/MM/YY) _____

**IF PAYING BY CREDIT CARD, PLEASE REGISTER and PAY ON-LINE OR
 FAX COMPLETED REGISTRATION FORMS (2 PAGES) TO: 416-239-5462**

Please include HST with payment

(HST exempt? Please include exemption form with payment. NSF cheques will be assessed a \$16.95 processing charge)

FAXED REGISTRATIONS WITHOUT CREDIT CARD PAYMENT DETAILS WILL NOT BE PROCESSED.