



CAHN CONFERENCE

REGISTRATION FORM

Friday, Saturday & Sunday, June 15, 16 & 17, 2012

Course ID: CC 0011

NAME _____ PROFESSIONAL DESIGNATION _____

INSTITUTION / AFFILIATION _____ EMAIL ADDRESS _____

ADDRESS _____ TOWN/CITY _____ POSTAL CODE _____

TELEPHONE (RESIDENCE) _____ (BUSINESS) _____

DATE OF BIRTH (M/D/Y) _____

- CAHN Member** **\$200** PER PERSON
- Non-Member Conference Fee** **\$225** PER PERSON
- Student Fee** **\$100** PER PERSON
- Alumni: MHC/MHRH School of Nursing** **\$100** PER PERSON
- Banquet Dinner - Saturday, June 16** **\$ 50** PER PERSON

Please advise of any dietary restrictions. _____

All fees include meals and applicable taxes.

SELECT METHOD OF PAYMENT:

Cheque/Money Order _____
 Payable to: *Medicine Hat College* Name of Card Holder (please print)
 (We are unable to accept post-dated cheques)

Card Number _____ Expiry Date _____

Visa or MasterCard _____
 Authorized Signature

Purchase Order (for invoicing purposes only). If employer is to be invoiced, please include a letter of authorization or an authorized purchase order. Registered parties are ultimately responsible for payment of fees regardless of a third party invoice.

PO Number _____ Name & Address of Organization _____

Telephone _____ Fax _____ E-Mail _____

REGISTER ONLINE:
[www.mhc.ab.ca/continuing studies Conferences](http://www.mhc.ab.ca/continuing_studies_Conferences)

REGISTER WITH VISA / MASTERCARD:
Medicine Hat: PH: 403-529-3844 / FAX: 403-504-3521
Brooks: PH: 403-362-1677 / FAX: 403-362-1474
Toll Free: PH: 1-866-282-8394

MAIL REGISTRATION FORM:
 Registration Services
 Medicine Hat College
 299 College Drive SE
 Medicine Hat, AB T1A 3Y6