

Registration Form
CNSA Atlantic Region Conference
October 23 & 24, 2009, Four Points Sheraton
Halifax, Nova Scotia

Date of Registration: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: () _____ - _____ email: _____

University Affiliation: _____

Registration Fees:

Early Bird Registration (fees received prior to October 1st, 2009): \$70.00 _____

Regular Registration (fees received between October 2nd- October 8th, 2009): \$80.00 _____

**Optional* → T-shirt for pubcrawl (taking place on the evening of October 24th, following the closing ceremonies). The price is an addition \$10. If interested please indicate the size you would like (see below) and add the additional fee onto your registration fee (ex. Early bird registration + t-shirt fee = \$70 + \$10 = \$80)

S _____ M _____ L _____ XL _____ XXL _____

*no late registration (no registration fees accepted after October 8th)

Payment method (check one): check _____ money order _____

Please make payment payable to 'CNSA Atlantic Regional Conference'.

Please email completed registration forms to: **mr639131@dal.ca**, with subject title of:

Registration: CNSA conference

-or-

Mail registration forms/fees to:

DUNS/ Regional Conference
School of Nursing
5869 University Avenue

Halifax, Nova Scotia
B3H 3J5

Please ensure that your name is on the check or money order.