



**Caribbean Nurses Organization: 27th
Biennial Conference
Aruba: October 24 - 29, 2010**



REGISTRATION FORM

Registration number: _____
(internal use)

Complete this form and send it as soon as possible to the Aruba Nurses Organization (ODEA).
While filling in this form please follow the instructions closely.
If using electronic registration form (scan or any other form) please have original form when registering.

Please print clearly in UPPERCASE.

1 PERSONAL INFORMATION

Surname: _____ () Mr. () Mrs. () Miss () Prof. () Dr.
 First name: _____ Middle Initials: _____ Date of Birth: __/__/____
 Present Occupation: _____ Religion _____
 Position in NNA: _____ Voting Delegate : yes / no
 Mailing address: _____
 Number and street: _____
 Zip code: _____ City/State: _____ Country: _____
 Telephone: _____ Fax: _____
 E-mail: _____

2 TYPE OF REGISTRATION:

mark all that applies

ARUBA RESIDENTS

NON-ARUBAN RESIDENTS

HOTEL-STAY

NON-HOTEL STAY

Non-Hotel Stay must pay for Opening and Closing Ceremony, Cultural and Surinam Night

3 FLIGHT INFORMATION

Date of arrival _____ Time of arrival _____
 Airline _____ Flight number _____
 Date of departure _____ Time of departure _____
 Special requirements upon arrival/departure _____

Registration fee includes: access to the conference, conference kit and badge, transportation (between airport and hotel) and field trips.
 Opening Ceremony, Cultural Night, Surinam Night, Island Tour and Closing Ceremony
 For local, non-hotel stay and daily registrant a Fee of \$ 50.00 would be charged.

4 REGISTRATION FEES:

mark X where applies

Early registration: Prior to July 1st, 2010

- Nurses : USD 300.00 _____
- Retired Nurses : USD 250.00 _____
- Students : USD 150.00 _____
- Other Professionals or accompanying persons: USD 400.00 _____

Late registration: From 1st of July 2010 till 31st of August 2010

- Nurses : USD 350.00 _____
- Retired Nurses : USD 275.00 _____
- Students : USD 175.00 _____
- Other Professionals or accompanying persons: USD 450.00 _____

After August 31st, 2010: Daily Registration

- Nurses USD 50.00
- Retired Nurses & Students USD 30.00
- Other Professionals or accompanying persons USD 60.00

(A) Total Registration FEES: USD _____

Payment of registration fee as follows: Make fees payable to the Aruba Nurses Organization special account:

ODEA-CNO Conference account 2010
 Financial Institution: Caribbean Mercantile Bank
 Country: Aruba
 Swift code: CMBAAWAX
 Account Number: 606.979.07

5 SPECIAL REQUIREMENTS

Special requirements during conference _____

Dietary _____

Accommodations for people with handicap needs () Yes / () No

(describe what kind of handicap): _____

Special Medication and/or medical needs () Yes / () No

(describe what kind of special medication and/or medical needs): _____

6 HOTEL REGISTRATION

Hotel registration Holiday Inn SunSpree Resort

Hotel accommodations will only be reserved upon receipt of payment (for two nights).

Payment should be made payable to the Aruba Nurses Organization special account : ODEA-CNO Conference account 2010.)

Room Rates

All prices include an all-inclusive plan (all breakfast, lunch and dinner included/taxes).

				Number of nights
Single	USD	210.00	per person/per night	_____
Double	USD	145.00	per person/per night	_____
Triple	USD	125.00	per person/per night	_____
Ages 12-17	USD	50.00	per person/per night	_____
Children 11 & under	Free			_____

Total Room Rates USD _____ (number of nights X room rate)

(B) Total reservation amount USD _____ +/- (2 X room rate)

(D) Pending payment for Hotel USD _____

Please indicate below the name(s) of person(s) who will be sharing rooms, also indicate with an X if that person is a relative, if applicable:

Relative	Name
_____	_____
_____	_____
_____	_____

7 TOTAL AMOUNT

(A) Total Registration FEES USD _____

(B) Total reservation amount USD _____ +/-

(C) Total amount to be sent to ODEA USD _____

(D) Pending payment for Hotel USD _____

ODEA-CNO Conference account 2010

Financial Institution: Caribbean Mercantile Bank

Country: Aruba

Swift code: CMBAAWAX

Account Number: 606.979.07

8 NATIONAL NURSES ASSOCIATION

Name of your National Nurses Association: _____

Name and Signature of the President of the Association is requested.

Complete name _____ Date __/__/____

Signature _____ Title _____

Nurse
Retired Nurse
Student Nurse
Other - Specify _____

Date __/__/____ Registrant Signature _____

For more information on other accommodation please contact

Aruba Nurses Organization

Paradera 175 F apt. 5 P.O. Box 3034
Paradera Santa Cruz
Aruba Aruba

Telephone or fax 00 11 297 5820274
Website www.arubanurses.org
E-mail cnoconference@arubanurses.org

If using an electronic registration form
PLEASE have original form when registering at the hotel.

Registration number:
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