

USE THE WEBSITE TO REGISTER WWW.CFMHN.CA

CFMHN 2011 CONFERENCE

OCTOBER 26TH, 27TH & 28TH, 2011



Registration & Conference Fees or Register online!

www.cfmhn.ca

Name _____

E-mail _____

Title/Position _____

Organization _____

Work Address _____

City _____ Province _____

Postal Code _____ Country _____

Work # () _____

Fax # () _____

Preferred Mailing Address Work Home

Home Address _____

City _____ Province _____

Postal Code _____ Country _____

Home # () _____

CFMHN Member? Yes No MHNIG Member? Yes No

Do you have any Special Needs (Dietary Other)? Indicate below

CFMHN NATIONAL CONFERENCE

1 Concorde Gate, Suite 109

Toronto, ON M3C 3N6

Tel: 416-426-7229

Toll Free: 1-866-433-9695

Fax: 416-426-7280

Email: info.mental.health@firststageinc.com

CONFERENCE FEES

	COST	+ HST	= TOTAL
<input type="checkbox"/> CFMHN/MHNIG MEMBER	\$475.00	+\$61.75	= \$536.75
<input type="checkbox"/> NON-CFMHN MEMBER	\$515.00	+\$66.95	= \$581.95
<input type="checkbox"/> FULL-TIME STUDENT	\$250.00	+\$32.50	= \$282.50

PRE-CONFERENCE WORKSHOPS (WEDNESDAY)

AM <input type="checkbox"/> WORKSHOP #1	\$ 50.00	+ \$ 6.50	= \$ 56.50
<input type="checkbox"/> WORKSHOP #2	\$ 50.00	+ \$ 6.50	= \$ 56.50
<input type="checkbox"/> WORKSHOP #3	\$ 50.00	+ \$ 6.50	= \$ 56.50
PM <input type="checkbox"/> WORKSHOP #4	\$ 50.00	+ \$ 6.50	= \$ 56.50
<input type="checkbox"/> WORKSHOP #5	\$ 50.00	+ \$ 6.50	= \$ 56.50
<input type="checkbox"/> WORKSHOP #6	\$ 50.00	+ \$ 6.50	= \$ 56.50

*Only select a maximum of one AM and one PM Workshops.

Yes, I am coming to Banquet (included in your ticket) TOTAL VALUE \$

NOTES: CFMHN HST # 86189-1422
STUDENTS MUST INCLUDE PROOF OF FULL TIME REGISTRATION.

Delegate registration lists (business information only) will be shared at the conference to encourage post-conference networking unless you specifically indicate otherwise.

No, I do not give permission to list my name in the program book

PAYMENT

Payment may be made by personal or institutional cheque or money order. Make payable to: **CFMHN Conference** or use your credit card:

Mastercard Visa American Express

Name on Card _____

Account _____

Expiry _____ Signature _____

CANCELLATION POLICY

A refund will be issued if requested, in writing, on or before October 7th 2011. A \$50.00 administration fee will be levied on all refunds. **No refunds will be given after October 7th 2011.**

FINANCIAL ASSISTANCE: Bursaries may be available for Ontario RNs and RPNs from the Nursing Education Initiative, which is funded by the Ontario Ministry of Health and Long-Term Care and administered through RNAO and RPNAO. For additional details, contact RNAO at 416-599-1925 or visit www.rnao.org.