



EDUCATION DAY 2017 REGISTRATION FORM

EDUCATION DAY 2017

MAIL TO: College of Registered Nurses of Manitoba, 890 Pembina Highway, Winnipeg, MB R3M 2M8

FAX TO: 204-775-6052 **SCAN AND EMAIL TO:** pyeates@crnm.mb.ca

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Dietary restrictions (if any): _____

Number of in-person attendees: _____ @ \$75 each = \$: _____

Number of student attendees: _____ @ \$50 each = \$: _____

Number of webinar attendees: _____ @ \$40 each = \$: _____

METHOD OF PAYMENT:

Cheque Money Order Visa Visa Debit MasterCard Debit (in-person only)

Card Number: _____ Exp. Date: _____

Signature: _____

(I authorize this charge to the credit card indicated)



- Please send your registration form by **Tuesday, Sept. 5**
- Cheques can be made payable to **College of Registered Nurses of Manitoba**
- **Questions?** Contact Patrick Yeates at **204-789-0666** or pyeates@crnm.mb.ca



College of Licensed Practical Nurses of Manitoba



College of Registered Nurses of Manitoba



THE COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA