# Caribbean Nurses Organization 

33rd Biennial Meeting and Conference
October 20th- 26th 2024
Ramada Georgetown Princess Hotel
East Bank, Demerara, Georgetown, Guyana


## Host Country Guyana



## REGISTRATION FORM

Please complete the form in its entirety. Kindly submit the form with the appropriate payment to:

> Caribbean American Nurses Association, Inc. (CANA)
> Post Office Box 340390
> Brooklyn, New York 11234

Final payment must be submitted no later than August 10, 2024.
Name $\qquad$ Gender $\qquad$
Address $\qquad$
City $\qquad$ State $\qquad$ Zip $\qquad$ Email $\qquad$
Telephone (Cell) $\qquad$ (Home) $\qquad$ (Work) $\qquad$
Nurses Association $\qquad$
Voting Delegate $\qquad$
Sharing Room With $\qquad$
Accompanying Person(s)
() Relative () Friend () Child/Children (Name and Age)

Name
Emergency Contact $\qquad$ Relationship

REGISTRATION FEE

|  | $\begin{gathered} \text { EARLY } \\ \text { REGISTRATION } \\ \hline \end{gathered}$ | $\begin{gathered} \text { LATE } \\ \text { REGISTRATION } \\ \hline \end{gathered}$ | Room Occupancy | Price | \# of Persons | Cost Per Person For 7 Nights |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| MEMBERS | US \$350 | US \$375 | SINGLE | \$385 | 1 | \$2695.00 |
| NON-MEMBERS | US \$375 | US \$400 | DOUBLE | \$385 | 2 | \$1347.50 |
| RETIRED | US \$300 | -- | TRIPLE | \$560 | 3 | \$1306.67 |
| STUDENT | US \$150 | US\$175 | QUAD | \$560 | 4 | \$980.00 |
| DAILY <br> REGISTRATION | US \$100 | -- |  |  |  |  |

INDICATE PREFERENCES BELOW

|  | Early <br> Registration | Plus 2 nights <br> single room | Plus 2 nights <br> Double Room | Plus 2 nights Triple <br> Room | Plus 2 Nights <br> Quad |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Members | US \$350 | $\$ 1120$ | $\$ 735$ | $\$ 723.33$ | $\$ 630$ |  |
| Non-Members | US \$375 | $\$ 1145$ | $\$ 760$ | $\$ 748.33$ | $\$ 655$ |  |
| Retired | US \$300 | $\$ 1070$ | $\$ 685$ | $\$ 573.33$ | $\$ 580$ |  |
| Students | US \$150 | $\$ 920$ | $\$ 535$ | $\$ 430$ |  |  |

## CARIBBEAN NURSES ORGANIZATION (CNO) BIENNIAL MEETING AND CONFERENCE REFUND POLICY

CNO Conference Refund Policy in the event of cancellation
$>1$ month before conference Full Refund
> 3 weeks before conference minus $5 \%$
$>2$ weeks before conference minus $10 \%$
> 1 week before conference minus $15 \%$
Full refund for emergency/crises/disasters (each application for full refund will be determined based on the situation).

## PLEASE NOTE:

$>$ All payments are in US dollars
> Two nights' accommodation Must be paid with registration.
> All registrations must be booked with Caribbean American Nurses Association (CANA).
$>$ There is an additional $\$ 50$ processing fee per registration to cover bank transaction costs

Payments can be made by check or money order to:
Caribbean American Nurses Association, Inc. (CANA)
C/O Sharon Bedford
8509 Avenue N
Brooklyn, NY 11236

## Payment Plan

$1^{\text {st }}$ Payment due on or before May 10, 2024
Final Payment due on or before August 10, 2024

## Travel Information

Please enter your travel details below if available (please note information must be submitted with final payment).

## Date of Arrival

Time of Arrival

Flight Number

Date of Departure

Name of Arrival Airport

Time of Departure

Name of Departure Airport

