

## 25<sup>th</sup> Annual General Meeting and Education Day

## **REGISTRATION FORM**

Name
Name
Address
□ \$100.00 Member □ \$150.00 Member including Booth □ \$125.00 Non-Member □ \$200.00 Non-Member Booth
Please complete the following:
Business Name
Area of Practice
Email Address
Please complete Registration Form and return to AARNIPP along with your payment**  **Registrations will not be processed without payment.
Payment to be made by:
☐ Cheque (# ☐ )* ☐ PayPal (credit card payment)**  PayPal
*Please make cheque(s) payable to AARNIPP. Any non-sufficient funds (NSF) returned cheque(s) will be subject to a \$25 service fee per NSF.  **A PayPal account is NOT required for credit card payments. An invoice will be emailed to you with detailed instructions.
PO Box 73112 Hampton RPO Edmonton, AB T5T 3X1 Email info@privatepracticenurses.ca Website www.privatepracticenurses.ca
FOR OFFICE USE ONLY  □ PAYMENT RECEIVED □ RECEIPT SENT □ COPY TO TREASURER
☐ AGM/EDUCATION DAY LIST
AUTHORIZED SIGNATURE DATE