



MANITOBA OPERATING ROOM NURSES ASSOCIATION
SPRING WORKSHOP REGISTRATION FORM

4 MARCH 2017 0730 - 1530

Hilton Winnipeg Airport Suites

1800 Wellington Avenue

Name: _____ Title: _____

Facility _____

Home Address: _____

City: _____ Province _____

Postal Code: _____

Phone Number: Home: _____

Work: _____

Fax: _____ E-mail: _____

MORNA MEMBER **\$75.00** ORNAC Registration # _____

NON – MEMBER **\$85.00**

*Registration Fee includes lunch and refreshments

** *Your Receipt will be issued on the day of the workshop*

Please make cheque payable to MORNA

Please send your registration to:

Ms Wendy Rodgers
14 Wyoming Street
Winnipeg, Manitoba
R2M 4T7

Workshop Contact: Jacquie Radtke (W) (204) 632-3428 or (H) (204) 918-5859

Registration Deadline: 01 March 2017

Cheque Number: _____ Date Received _____ Receipt Issued _____