

9. RESIDENT

I ENCLOSE \$.....
BEING FULL REGISTRATION AND
PART PAYMENT.

10. NON RESIDENT

I ENCLOSE \$.....BEING
PAYMENT IN FULL FOR
REGISTRATION & COFFEE BREAK(S).

b) I ENCLOSE \$.....BEING
FINAL PAYMENT FOR ACCOMODATION.

.....
SIGNATURE

.....
SIGNATURE

FOR SECRETARIAT USE ONLY

DO NOT WRITE IN THIS SPACE

AMOUNT RECEIVED \$.....

REGISTRATION FEE \$.....

DATE:.....

SIGNATURE OF STAFF MEMBER.....

BALANCE \$.....

BALANCE PAID \$.....

DATE:.....

RECEIVED BY:.....

REGISTRATION FEE (NON REFUNDABLE)

REGISTRATION FEE

Members

RETIRED NURSES

NURSING STUDENTS

Early Bird J\$3,000
Non-members J\$10,000
Late: member J\$ 8,000
Late non-member J\$12,000

FREE
FREE
(after June 30, 2026)
(after June 30, 2026)

Maximum occupancy two (2)
Please indicate Night (s) with a tick

| Deluxe Resort View | Per person per night | # nights |
|--------------------|----------------------|----------|
| Single | 430 | |
| Double | 215 EACH | |
| Total cost | | |

Maximum occupancy Four (4) example 2 adult, 2 children
Minimum stay three (3) nights.

| Deluxe Resort View with Balcony | Per person per night | # of Children | # nights |
|---------------------------------|----------------------|---------------|----------|
| Single | 461 | | |
| Double | 231 EACH | | |
| Total cost | | | |