

NURSES ASSOCIATION OF JAMAICA

69th ANNUAL SUMMER SCHOOL & 30th GERTRUDE SWABY MEMORIAL LECTURE

Theme: "Our Nurses, Our Future. Empowered Nurses Save Lives"

Venue: SUMMIT
(Formerly Knutsford Court Hotel)

July 21 & 22, 2026
Commencing at **8:00 a.m.** daily

REGISTRATION FORM

Kindly ensure that this form is correctly completed and returned to the NAJ Secretariat with the appropriate payment. **Early Registration ENDS May 29, 2026. (All forms with Full payment/proof of payment MUST be returned to the Secretariat or emailed to najtrevennion@hotmail.com no later than May 29, 2026)**

Please type or print in **BLOCK CAPITALS**. Put an "X" in the appropriate box

1. Name: [Mr./Mrs./Miss]

Surname
Christian Name
2. Place of work
3. Are you a NAJ Member? Yes No
4. Group Represented
5. Telephone No. [C/H] [W] [WhatsApp]
6. Email address

	Registration	Members	Non Members	Undergraduate	Retired Nurses
Day 1	Early	\$6000 <input type="checkbox"/>	\$8,000 <input type="checkbox"/>	\$1000 <input type="checkbox"/>	1000
	Late	\$8,000 <input type="checkbox"/>	\$12,000 <input type="checkbox"/>		
Day 2	Early	\$6,000 <input type="checkbox"/>	\$8,000 <input type="checkbox"/>	\$1000 <input type="checkbox"/>	
	Late	\$8,000 <input type="checkbox"/>	\$14,000 <input type="checkbox"/>		
Both Days	Early	\$8,000 <input type="checkbox"/>	\$12,000 <input type="checkbox"/>	\$2000 <input type="checkbox"/>	
	Late	\$9,000 <input type="checkbox"/>	\$14,000 <input type="checkbox"/>		

For further information contact:

Nurses Association of Jamaica
 Email: najtrevennion@hotmail.com
 Tel. 876 929-5213 & 926-6585

----- **SECRETARIAT USE ONLY** ----- **DO NOT WRITE IN THIS SPACE**-----

AMOUNT RECEIVED \$ _____	REGISTRATION FEE \$ _____
DATE RECEIVED _____	SIGNATURE OF STAFF _____
BALANCE \$ _____	BALANCE PAID \$ _____
DATE _____	RECEIVED BY: _____