



NATIONAL ASSOCIATION OF INDIAN NURSES OF AMERICA (NAINA)

(www.nainausa.com)

THIRD BIENNIAL CONVENTION

OCTOBER 05 & 06, 2012

Tarrytown Westchester Marriot, NY

REGISTRATION FORM



Name: (Please Print or Type) First: _____ Last: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Country: _____

Name of Chapter Association: _____ State: _____

Name of Nursing School/College: _____ Name of Alumni Association, if any: _____

Telephone: (Home): _____ (Cell): _____ Email Address: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Registration Fee (US Dollars Only): Registration fee covers educational sessions with conference materials and 12 CEUs, Friday Night Buffet Dinner and Saturday meals including Gala Night Dinner. **See table below and indicate your conference choices, dates & fees.**

Nurses eligible to become local association/NAINA members are encouraged to join and register early to receive the Reduced Rates

CHECK BOX BELOW	CONFERENCE DATES & CHOICES	REGISTRATION DATES & RATES		
		POST MARKED AND PAID BY		
		NOW THROUGH MAR.31, 2012	APRIL 1 THROUGH SEPT. 03, 2012	SEPT.04 THROUGH OCTOBER 05 & 06
<input type="checkbox"/>	NAINA Member: Full conference (12 CEUs)	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$250.00
<input type="checkbox"/>	NAINA Member: Oct. 05 only (5 CEUs)	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$150.00
<input type="checkbox"/>	NAINA Member: Oct. 06 only (10 CEUs)	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$200.00
<input type="checkbox"/>	Non Member: Full Conference (12 CEUs)	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$255.00	<input type="checkbox"/> \$275.00
<input type="checkbox"/>	Non Member: Oct. 05 only (5 CEUs)	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$175.00
<input type="checkbox"/>	Non Member: Oct. 06 only (10 CEUs)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$205.00	<input type="checkbox"/> \$225.00

Students (Full Time/ Basic Nsg. Degree (Assoc/ BSN) 10/5 -- \$30.00 (No meals) 10/6 --\$70.00 (Lunch only)

Hotel Accommodation Rate: When paid to NAINA with conference registration fee by Sept. 04, 2012, rooms at Westchester Marriot costs the tax exempt NAINA rate of \$130.00 per night. When rooms are booked **individually** before Sept.17th, hotel room rates are **based on availability** and subject to NAINA discount rate of \$129.00 **plus applicable state and local taxes (currently 10.375%) in effect at the time of check out.**

Registration Fee (Please use the table above)..... Amount enclosed \$ _____

Room: King bed: ___10/5___10/6 Double bed ___10/5___10/6 Amount enclosed \$ _____

Guest Meals: Friday, October 05; Alumni night Buffet Dinner: \$50.00/person.....# _____ Amount enclosed \$ _____

Saturday, October 06; Continental Breakfast: \$20.00/person..... # _____ Amount enclosed \$ _____

Saturday, October 06; Lunch Buffet: \$40.00/person.....# _____ Amount enclosed \$ _____

Saturday, October 06; Gala Night Dinner: \$65.00/person.....# _____ Amount enclosed \$ _____

TOTAL AMOUNT ENCLOSED: (Please make Check payable to NAINA).....\$ _____

Meals & Special Requests: Please check the box(s) for Vegetarian meals for Gala Night Dinner: Self Guest(s) # _____

Please specify any special or ADA dietary needs: _____

Cancellations, Changes & Refund Policy: Conference fees will be refunded after deducting \$50.00 processing fee if written cancellation request is received prior to Sept. 16, 2012. No refund will be given for missed meals including due to late arrivals and early departures. All bounced checks will be subjected to an administrative fee of \$25.00 payable to NAINA. Your signature below indicates agreement to these conditions.

Signature: _____ Date: _____

Please mail completed registration form along with payment to: NAINA, PO Box 190, Elmsford, NY10523

PAYMENT SUMMARY (OFFICIAL USE ONLY)	
REG# _____	Registration fees () Paid in full \$ _____ () Personal Check () Cash () Receipt given
Name of NAINA Registrar _____	Signature _____ Date _____