



**MANITOBA OPERATING ROOM NURSES ASSOCIATION**  
**SPRING WORKSHOP REGISTRATION FORM**

**17 MARCH 2012**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

MORNA MEMBER \$45.00 MORNA MEMBERSHIP # \_\_\_\_\_

NON – MEMBER \$75.00

\*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:**

Gladys Zinnick  
Suite 5, 667 Leila  
Winnipeg, Manitoba  
R2V 3T5

**Workshop Contact:** Gladys Zinnick (W) (204) 632-3216 or (H) (204) 589-8930

**Special Hotel Room Rates Available at the Norwood Hotel 1-888-888-1878 "MORNA GROUP RATE"**

**Registration Deadline: 12 March 2012**

Cheque Number: _____ Date Received _____ Receipt Issued _____
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