



**CANADIAN  
NURSES  
ASSOCIATION**



presents

**May 21 – 24, 2019  
Contact 416.426.7229 or  
toll free 1.866.433.9695**

**YES please reserve our places for the  
2019 Institute!**

**REGISTRATION INFORMATION**

Registration will be on a “first come” basis. There is a limit of 95 places in this offering. A reservation will be held for 2 weeks only and payment of a non-refundable \$1,000 deposit per person will save your place at the 2019 Institute.

- You must register at least 2 individuals. These individuals may be a mix of established and emerging leaders or members of different disciplines who work together and want to strengthen their team effectiveness. The opportunity for mutual, as well as individual development will be a key feature of the program.
- The registration fee of \$3,550 (+13% HST) per person will cover all costs (tuition, materials, all meals, and accommodations) from May 21<sup>nd</sup> – 24<sup>th</sup>, 2019.  
If early arrival accommodation is required, this can be arranged at an additional cost of \$200 per person which includes room, full dinner and breakfast. The program begins at 9:00am on Tuesday.
- All sessions, meals and your hotel-quality private accommodations will be at the BMO Institute for Learning in Toronto.
- Institute attendees are expected to live in for the residential portion of the Institute

Registration fee: **\$3,550 + \$461.50 HST = \$4,011.50** per person (HST: 86194-3751)

A non-refundable deposit of \$1,000.00 per person is required to hold your places.

Full payment of your fees is required ten weeks before the program begins – **BY MARCH 9TH, 2019**

**INDIVIDUALS CAN BE SUBSTITUTED AT ANY TIME WITHOUT PENALTY**

Organization: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Participants:

1. Name \_\_\_\_\_

Title/role \_\_\_\_\_

Phone \_\_\_\_\_

Specific address if different than above \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Yes, I give permission to share my contact information with fellow attendees

2. Name \_\_\_\_\_

Title/role \_\_\_\_\_

Phone \_\_\_\_\_

Specific address if different than above \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Yes, I give permission to share my contact information with fellow attendees

**Please copy form for additional registrants**

- Request an invoice to be sent to contact person
- Cheque enclosed, payable to **DWHLI Leadership Institute**
- Visa    Master Card    American Express

Cardholder Name \_\_\_\_\_

Account # \_\_\_\_\_

Expiry \_\_\_\_\_ Signature \_\_\_\_\_

**SCAN TO DWHLI LEADERSHIP INSTITUTE**  
**Email: info.leader.institute@firststageinc.com**