



**OPERATING ROOM NURSES' ASSOCIATION  
of WESTERN AUSTRALIA (INC)**

ABN 96 661 183 352

P.O. BOX 1370, BOORAGOON, WESTERN AUSTRALIA, 6954



**ORNA WORKSHOP REGISTRATION FORM**

<b>Workshop Title:</b>	<b>TEAM BUILDING &amp; EFFECTIVENESS</b>
<b>Workshop Date:</b>	<b>Saturday 29<sup>th</sup> APRIL 2017</b>
<b>Name:</b>	
<b>Title/Position:</b>	
<b>Hospital:</b>	
<b>Contact Number:</b>	
<b>Email:</b> (Confirmation will be sent to this address)	
<b>Are you a current ORNA member?</b>	Yes <input type="checkbox"/> <b>FEE \$20</b>
	No <input type="checkbox"/> <b>FEE \$120</b>

**PAYMENT DETAILS: PLEASE DO NOT DETACH THIS SECTION**

<b>I wish to pay by:</b>	EFT <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>
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<b>ELECTRONIC FUND TRANSFER</b>	<b>BSB:</b> 066 125 <b>ACCOUNT NUMBER:</b> 00903526 <b>ACCOUNT NAME:</b> Operating Room Nurses Association <b>REFERENCE:</b> Your Surname and Initial (eg: Watson J)
<b>Credit Card Number:</b>	
<b>Expiry Date:</b> (i.e. 11/2016)	
<b>Name on credit card:</b>	<b>Amount: \$            90</b>
<b>Signature:</b>	<b>Date:</b>

**PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO:**

REGISTRATIONS ORNA WA (INC) PO Box 1370 Booragoon WA 6954	<b>OR</b>	E-Mail: <a href="mailto:enquiries@ornawa.org">enquiries@ornawa.org</a>
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Payment can be made by: VISA, MASTERCARD or EFT  
**Payment must accompany this registration form to ensure processing**