



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

ABN 96 661 183 352

P.O. BOX 990, Victoria Park, WESTERN AUSTRALIA, 6979



ORNA SYMPOSIUM REGISTRATION

NOTRE DAME FOLEY HALL, FREMANTLE

SATURDAY 16TH SEPTEMBER 2017

0830 – 1630 hrs

Name:	
Title/Position:	
Hospital:	
Contact Number:	
Email: (Confirmation will be sent to this address)	
Are you a current ORNA member?	Yes <input type="checkbox"/> FEE \$60
	No <input type="checkbox"/> FEE \$150 (includes ORNA membership)
	Student <input type="checkbox"/> FEE \$20 (Student ID required)

PAYMENT DETAILS: PLEASE DO NOT DETACH THIS SECTION

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

PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO:

REGISTRATIONS ORNA WA (INC) PO Box 990, Victoria Park WA 6979	OR	E-Mail: enquiries@ornawa.org
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Payment can be made by: VISA, MASTERCARD or EFT
Payment must accompany this registration form to ensure processing