

PRE-REGISTRATION FORM Completed form with cheque (payable to HealthAchieve) must be mailed BEFORE/ON SEPTEMBER 12, 2008.

REGISTRATION RATES (All Prices are in Canadian Funds and include 5% GST)



November 3, 4 & 5, 2008
Metro Toronto Convention Centre
Toronto, Ontario, Canada

Early Bird Rates Effective Until September 12, 2008

Registration Fees (Includes lunch tickets for each day except Wednesday)	Daily Rate	Three Day Attendance
OHA Members: Member, Associate, Affiliate, Allied Groups and OHPA Members, Ministry of Health & Long-Term Care Employees/Representatives	\$250.00	\$600.00
Non-Members (out of province hospitals, other health institutions and organizations, federal and provincial government departments)	\$395.00	\$1025.00
Students (Only applicable to students enrolled in a full time College or University Diploma/Degree) Does not include lunch tickets or breakfast tickets	No Charge	No Charge
Exhibit Floor Admittance Only (Does not include lunch tickets)		
OHA Members	No Charge	N/A
Non-Members	\$150/Day	N/A
Breakfast Tickets		
Feature Breakfast	\$41.00	
Financial Management Breakfast	\$36.00	
Nursing Breakfast	\$36.00	
Human Resources Breakfast	\$36.00	

GST Registration #R107797961

NO REFUNDS WILL BE ISSUED

NOTE: Badges, lunch tickets and breakfast tickets (if ordered) will be sent only if full payment is received. Please ensure full payment is made.

Complete in full and mail to:

HealthAchieve Delegate Registration
 c/o Exposoft Solutions Inc.
 6990 Creditview Rd, Unit #2
 Mississauga, ON, L5N 8R9

PLEASE PRINT: CONTACT PERSON TO WHOM ALL BADGES AND TICKETS ARE TO BE SENT FOR DISTRIBUTION:

Contact Name: _____ Position: _____
 Department: _____ OHA Region: _____
 Hospital/Organization: _____
 GST Exempt: Yes No If yes, please provide GST number: _____
 Address: _____
 City/Town: _____ Province: _____ Postal Code: _____
 Tel: () _____ Ext: _____ Fax: () _____ E-mail: _____

Register online at:
www.healthachieve.com
 Please have your credit card number available to process your registration. We accept Visa, MasterCard and American Express.

If paying by cheque, please make payable to HealthAchieve. If paying by credit card, please fill out below:

Card #: _____ Expiry Date: _____ **CVV#: _____
 Cardholders Name: _____ Signature: _____

FIRST NAME	LAST NAME	POSITION	DEPARTMENT	E-MAIL ADDRESS*	ARE YOU A FIRST TIME ATTENDEE?	PLEASE CHECK (✓) DAYS ATTENDING			(A) TOTAL FEES	TICKETS				(B) TOTAL TICKET FEES	PLEASE CHECK (✓) DAYS FOR VIEWING EXHIBITS ONLY		(C) TOTAL FEES (Applicable only to non-members)	(A+B+C) TOTAL COST
						MON.	TUE.	WED.		FEATURE BREAKFAST	FINANCIAL MANAGEMENT BREAKFAST	NURSING BREAKFAST	HUMAN RESOURCES BREAKFAST		MON.	TUE.		
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For registration information please call (416) 205-1361 or (416) 205-1362, Fax: (905) 812-3714, E-mail: healthachieve@oha.com or visit: www.healthachieve.com

*Sessions and registration information and confirmation of your registration, will be forwarded to all delegates who provide their e-mail addresses. If you do not provide your e-mail address, confirmation of your registration will be faxed to you.
 ** This number is printed on the back of the credit card near the signature strip. It is 3 - 4 digits long.

Please photocopy for your records.

GRAND TOTAL \$