



**November 16, 17 & 18, 2009**  
**Metro Toronto Convention Centre**  
**Toronto, Ontario, Canada**

**Early Bird Rates Effective Until September 28, 2009**

| Registration Fees<br>(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                   | \$255.00   | \$615.00             |
| 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)<br>Does not include lunch tickets or breakfast tickets | No Charge  | No Charge            |
| <b>Exhibit Floor Admittance Only</b> (Does not include lunch tickets)  |            |                      |
| OHA Members  | No Charge  | N/A                  |
| Non-Members  | \$150/Day  | N/A                  |
| <b>Breakfast Tickets</b>   |            |                      |
| Feature Breakfast  | \$42.00    |                      |
| Financial Management Breakfast   | \$36.00    |                      |
| Nursing Leadership Breakfast   | \$36.00    |                      |
| Human Resources Breakfast  | \$36.00    |                      |
| Closing Leadership Breakfast (CCHSE in partnership with the OHA)   | \$42.00    |                      |

Complete in full and mail to:

**HealthAchieve2009 Delegate Registration**  
 c/o Showcare  
 4200 boul St. Laurent, Suite 1000  
 Montreal, QC H2W 2R2

**PLEASE PRINT: CONTACT PERSON FOR THE GROUP:**

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

**Register online at:**  
[www.healthachieve.com](http://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: \_\_\_\_\_  
 Cardholders Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**NO REFUNDS WILL BE ISSUED**

GST Registration #R107797961

| 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 LEADERSHIP BREAKFAST | HUMAN RESOURCES BREAKFAST | CCHSE BREAKFAST |                       | MON.  | TUE. |   |                    |
| 1          |           |          |            |                 |                                |                                 |      |      |                |                   |                                |                              |                           |                 |                       |   |      |   |                    |
| 2          |           |          |            |                 |                                |                                 |      |      |                |                   |                                |                              |                           |                 |                       |   |      |   |                    |
| 3          |           |          |            |                 |                                |                                 |      |      |                |                   |                                |                              |                           |                 |                       |   |      |   |                    |
| 4          |           |          |            |                 |                                |                                 |      |      |                |                   |                                |                              |                           |                 |                       |   |      |   |                    |
| 5          |           |          |            |                 |                                |                                 |      |      |                |                   |                                |                              |                           |                 |                       |   |      |   |                    |
| 6          |           |          |            |                 |                                |                                 |      |      |                |                   |                                |                              |                           |                 |                       |   |      |   |                    |
| 7          |           |          |            |                 |                                |                                 |      |      |                |                   |                                |                              |                           |                 |                       |   |      |   |                    |
| 8          |           |          |            |                 |                                |                                 |      |      |                |                   |                                |                              |                           |                 |                       |   |      |   |                    |
| 9          |           |          |            |                 |                                |                                 |      |      |                |                   |                                |                              |                           |                 |                       |   |      |   |                    |
| 10         |           |          |            |                 |                                |                                 |      |      |                |                   |                                |                              |                           |                 |                       |   |      |   |                    |
| 11         |           |          |            |                 |                                |                                 |      |      |                |                   |                                |                              |                           |                 |                       |   |      |   |                    |
| 12         |           |          |            |                 |                                |                                 |      |      |                |                   |                                |                              |                           |                 |                       |   |      |   |                    |

For registration information please call (416) 205-1434, Fax: (514) 380-5384, 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.

**Please photocopy for your records.**

**GRAND TOTAL**

**\$**