NI2012: International Congress on Nursing Informatics
June 23-27, 2012
Montreal, Canada

Name: __________________________________________________________________

Organization: ____________________________________________________________

Address: __________________________________________________________________

City/State or Province/Postal Code: __________________________________________

Country: ________________________________________________________________

Tel: ___________________________ E-mail: _________________________________

Advance | Onsite
---|---
Date | By May 17, 2012 | After May 17, 2012
Regular | $645.00 | $745.00
Student | $245.00 | $295.00
Webcast-Individual | $150.00 | $150.00
Webcast-Institution | $700.00 | $700.00

Tutorials
Registration for tutorials is additional to the general NI2012 registration.

Advance | Onsite
---|---
Date | By May 17, 2012 | After May 17, 2012
Half Day | $95.00 | $150.00
Full Day | $125.00 | $180.00

Half Day, June 23
___ T01

Full Day, June 23
___ T02
___ T03
___ T04

Half Day, June 24
___ T05
___ T06
___ T07
___ T08
___ T09
## Tours/Optional Events

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<thead>
<tr>
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<tbody>
<tr>
<td>Quebec City Day Trip</td>
<td>__ $155.00</td>
<td>__ $155.00</td>
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<tr>
<td>Montreal Flavors Tour</td>
<td>__ $140.00</td>
<td>__ $140.00</td>
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<tr>
<td>Montreal Discovery Tour</td>
<td>__ $62.00</td>
<td>__ $62.00</td>
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<tr>
<td>The Olympic Park and Biodome</td>
<td>__ $97.00</td>
<td>__ $97.00</td>
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<tr>
<td>Old Montreal Walking Tour &amp; Pointe-À-Callière</td>
<td>__ $58.00</td>
<td>__ $58.00</td>
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<tr>
<td>Musee des Hospitalieres de l'Hotel-Dieu de Montreal</td>
<td></td>
<td></td>
<td>__ $42.00</td>
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<tr>
<td>Site Visit to the McGill University Health Centre</td>
<td></td>
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<td>__ $37.00</td>
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<tr>
<td>Gala Reception and Dance Party at McGill Faculty Club</td>
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<td></td>
<td>__ $95.00</td>
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### Payment Information

- **Check**: (made payable to AMIA in US dollars. Registration will not be processed until payment in US dollars is received).

  Mail form & payment to AMIA, 4720 Montgomery Lane, Suite 500, Bethesda, MD 20814, USA.

- American Express  
- MasterCard  
- Visa  
- Discover

Fax Credit Card information to 301.657.1296

- Name on Card:  
- Credit Card Number:  
- Expiration Date: ____ / ____

I authorize this charge on my credit card:

- Signature of Cardholder:  
- Date:  

Total Payment $______________________________