

**NATIONAL ASSOCIATION OF INDIAN NURSES OF AMERICA (NAINA)
SECOND BIENNIAL NATIONAL CONFERENCE**

Theme: *Transforming Health Care through a New Lens: Opportunities and Challenges*

This program includes a wide range of topics related to current trends in health care and two evenings filled with food, fun and entertainment. Please don't miss this opportunity to join your colleagues for a weekend of fun, food and learning experience. Save the date. Register now and take advantage of the early bird special. CEUs are pending.

Dates: October 22-23, 2010

Place: Houston Marriot Westchase, 2900 Briarpark Drive, Houston, Texas 77042

Key Note Speaker: Dr. Jean Watson

Registration Fees: (US Dollars only): Please make checks payable to NAINA

Full registration fee*: \$175 Early bird special \$150 (before August 1, 2010):

*Full conference registration fee covers seminar/CEUs, exhibits, entertainments, all meals and one banquet.

Saturday conference only: \$75. Early bird special \$50 (before August 1, 2010):

Additional Banquet Tickets \$50/ person. Friday half day conference/entertainment: \$50

Housing Information

Hotel rooms are available for \$ 119 per night per room, plus tax before October 1, 2010. Please call 713-978-7400 to make reservation.

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Please print or type

Name: Last _____ First _____ Middle Initial _____

Mailing Address: Street: _____

City: _____ State: _____ Zip Code: _____ Country _____

Phone No: (Home) _____ (Cell) _____

Email Address: _____

Emergency Contact: Name _____ Relationship _____ Ph. No _____

Do you have Indian American Nurses Association chapter membership? Yes No.

If yes, name of the local chapter _____ State _____

If No, would you like to join the NAINA at a member ship rate of \$50? Yes No

Name of Nursing School (Alumni): _____

City _____ State _____ Country _____

Do you have an Alumni Association in USA? Yes No.

If yes, give name _____ If No, would you like to start one? Yes No

Please register me for: Full Conference Saturday conference only Additional Banquet ticket(s)
 Friday only NAINA membership

Total amount enclosed: \$ _____ Signature: _____ Date: _____

Please mail completed forms with registration fee to:

ACCAMMA KALLEL, 11704 STERLING BROOK ST, PEARLAND, TX-77584, USA

Payment Summary (Official Use only)	Reg #-
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Registration fees paid with Personal check _____	Cash _____	Receipt given <input type="checkbox"/> yes <input type="checkbox"/> No	
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Signature of Registration Chair Person: _____	Date: _____
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