



INVOICE
Institutional Membership

This invoice represents dues for the period of July 1, 2009, through June 30, 2010.

Dues are based on the number of nursing graduates. In determining dues for your institution, please include all nursing programs and degrees/diplomas at all levels, and on all campuses. Please fill in the appropriate circle reflecting your program's number of graduates for the calendar year of 2008.

Table with 2 columns: Category and Dues (per year). Rows include: 00 - 50 graduates (\$100), 51 - 100 graduates (\$200), 101 ++ graduates (\$300).

Please mark the category above and amount enclosed: \$ _____

Make the check payable to the Institute for Oklahoma Nursing Education and mail to:

IONE
C/O Thea Clark
Tulsa Technology Center
Health Careers Center
PO Box 477200
Tulsa, OK 74147-7200

In order to recognize your membership and credit your dues correctly, please complete the following and return with your payment.

Institutional name: _____

Address: _____

Name: _____

Email: _____

Voting members:

Name: _____

Email: _____