



Date _____

INVOICE
Institutional Membership

This invoice represents dues for the period of *July 1, 2011 through June 30, 2012*

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 2010.

	Category	Dues (per year)
	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:

Institute for Oklahoma Nursing Education
C/O Stella Gilbert
Oklahoma Department of CareerTech
1500 West Seventh
Stillwater, OK 74074

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

Institutional Name:			
Address:			
Voting Members:	Name		
	Email		
	Name		
	Email		

For Questions: Email Ruth Eckenstein, Treasurer at ruth@healthedconsulting.com
Call - 405-227-9528