

Conference Registration Form

PLEASE PRINT CLEARLY

CONFERENCE ROLE

- Participant Student* Invited Speaker

* To qualify as a **Student** applicants must submit a letter from their institution as proof of full-time enrollment as an undergrad or post-graduate student (excluding post-doctoral fellows). A photocopy of your student ID card or letter can be submitted via scan/email to: CAPHCreq@advance-group.com or fax to: 1 604 685 3521.

If you have been given an **Invitation Code**, please enter it here:

CONTACT INFORMATION

- Mr. Ms. Mrs. Dr.

First Name: _____

Last Name: _____

Organization: _____

Department: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Country: _____

Phone: _____

Fax Number: _____

Cell Phone: _____

Email: _____

Preferred Language: English French

WORKSHOPS, MEETINGS AND SOCIAL EVENTS

Please select the sessions you will be attending.

Sunday, October 16, 2011

Please choose from the following Pre-Conference Satellite Sessions and ensure your selection times do not overlap:

FULL DAY SESSIONS

8:00 AM - 5:00 PM

- CFAN Annual Meeting and Symposium

8:00 AM - 4:00 PM

- CN-CYR National Symposium

HALF DAY SESSIONS

8:00 AM - 10:00 AM

- CPDSN National Benchmark Symposium

10:30 AM - 12:30 PM

- CAPHC 2011 Annual Patient Safety Symposium

1:30 PM - 4:30 PM

- CCYHC 2011 Symposium

SOCIAL EVENT

5:30 PM - 7:30 PM

- Welcome to Ottawa! Meet & Greet Reception

Monday, October 17, 2011

7:00 AM – 8:15 AM SPONSOR BREAKFAST SESSIONS

Please check meeting website for details (Please select ONE ONLY)

- Sponsored by BC Children's Hospital

- Sponsored by PHAC - FASD

- Sponsored by Waiver

12:00 PM - 1:30 PM

- CAPHC Annual Recognition and Awards Luncheon
Ottawa Convention Centre, Meeting Room 214

5:30 PM - 7:30 PM (Please select ONE ONLY)

- TOUR 1: Children's Hospital of Eastern Ontario (CHEO) FULL

- TOUR 2: Roger's House - Hospice/Palliative Care FULL

- TOUR 3: Ottawa Children's Treatment Centre

- TOUR 4: Rehabilitation Virtual Reality Laboratory

Tuesday, October 18, 2011

7:45 AM – 9:00 AM SPONSOR BREAKFAST SESSIONS

Please check meeting website for details (Please select ONE ONLY)

- Sponsored by CIHI

- Sponsored by TELUS

- Sponsored by PHAC - FNIHB

2:30 PM - 4:30 PM (Please select ONE ONLY)

- Delivering Healthcare to Children: The art & science of translating current research into current practice and vice versa?

- Best in Practice Medication Systems: Improving Quality and Safety Measures

- Social Media and Healthcare - New Connections, Changing Boundaries

- Health Records and Health Information: Making Information Work for Us

SOCIAL EVENT

5:45 PM - 10:00 PM - \$ 80.00 CAD

- CAPHC Annual Banquet and Fun Night!

Wednesday, October 19, 2011

12:00 PM - 1:00 PM

- Lunch and Networking

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QUESTIONNAIRE

1. Please choose from the list below the selection that best describes your Role. *(Choose all that apply)*

Direct Patient Care:

- Physician
- Paediatrician
- Nurse
- Respiratory therapist
- Physical therapist
- Occupational therapist
- Speech/Language Pathologist
- Audiologist

Administrator:

- CEO
- CFO
- COO
- VP
- Director
- Manager
- Coordinator
- Social worker

Additional:

- Researcher
- Government
- Department Head
- Medical Director
- Other – Please Specify: _____

2. Please indicate your affiliation (Please select ONE ONLY).

- University
- Regional Health Centre / Hospital
- Children's Treatment / Rehabilitation Centre
- Government Agency
- Other – Please Specify: _____
- Health Sciences Centre
- Community Health Centre / Hospital
- Provider of Home Care Services
- Non-Governmental Organization(NGO)

3. Is this the first time you have attended the CAPHC Annual Conference?

- Yes
- No

4. In the event of an emergency, whom should we contact?

Emergency Contact Person: _____

Emergency Contact Daytime Phone: _____

Emergency Contact Evening Phone: _____

5. Are you interested in using simultaneous interpretation services if it were to be provided?

- Yes
- No

Special Meal Request

Meals served should easily accommodate most diets. Should you have any specific food allergies or dietary restrictions, please indicate them here:

- Vegetarian
- Allergy/Other (please specify): _____

Special Needs

- I have physical disabilities and therefore require special transportation assistance.

Please specify: _____

- I have a medical condition that you need to be aware of.

Please explain condition: _____

Delegate List

I approve to have my contact information disclosure or be published in the Conference Delegate List and to be used for future communications from the conference organizers.

- I agree with this statement
- I do not agree with this statement

Information Disclosure

I approve of releasing my contact information to sponsors and exhibitors of the CAPHC Conference.

- I agree with this statement.
- I do not agree with this statement.

Tax exemption

- We are a tax exempt organization.

HST Tax-exempt number if applicable*: _____

**You will be required to fax (604-685-3521) or email (CAPHCreg@advance-group.com) a letter confirming your HST exemption.*

GUEST REGISTRATIONS

Guest Registrations \$80/each

Includes breakfasts, lunches and the Meet & Greet Reception on Sunday, October 16, 2011.

First Name: _____

Last Name: _____

- I will attend the **Welcome to Ottawa! Meet & Greet Reception**

Special Meal Request

- Vegetarian
- Allergy/Other (please specify): _____

Special Needs

- I have physical disabilities and therefore require special transportation assistance.

Please specify: _____

- I have a medical condition that you need to be aware of.

Please explain condition: _____

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CAPHC Annual Banquet and Fun Night!

Buy-In Additional Tickets

Tuesday, October 18, 2011 - 5:45 PM - 10:00 PM

All attendees must purchase tickets for guests to attend the banquet.

Annual Banquet (max 4) Quantity: _____ x \$80 = \$_____

Inclusions:

Full registration - admission to all conference sessions, the Meet & Greet Reception, plenary sessions, concurrent symposia, poster sessions, workshops, breakfasts and lunches.

One Day Session registration - admission to all conference sessions on the day of your choice, including breakfast and lunch.

REGISTRATION FEES

All fees are in CAD Dollars – 13% HST applies to subtotal.

	Payment on or before August 29	Payment after August 29
Full Conference Registration	<input type="checkbox"/> \$550 CAD	<input type="checkbox"/> \$650 CAD
Student Registration	<input type="checkbox"/> \$225 CAD	<input type="checkbox"/> \$275 CAD
One Day Session	<input type="checkbox"/> \$300 CAD	<input type="checkbox"/> \$300 CAD
Indicate which date you will be attending: <input type="checkbox"/> Sun Oct. 16 <input type="checkbox"/> Mon Oct. 17 <input type="checkbox"/> Tues Oct. 18 <input type="checkbox"/> Wed Oct. 19		
CFAN Participant (Code required)		
<input type="checkbox"/> Sunday Oct. 16 Session Only	<input type="checkbox"/> \$0 CAD	<input type="checkbox"/> \$0 CAD
<input type="checkbox"/> Full Conference	<input type="checkbox"/> \$300 CAD	<input type="checkbox"/> \$300 CAD

Guest Registrations \$ _____ CAD

Total Banquet Tickets \$ _____ CAD

13% HST (#106914682) \$ _____ CAD

Total \$ _____ CAD

IMPORTANT NOTE: Early Bird Fees, payment for invoiced amounts must be received by prior to **August 29, 2011**. After this date the Regular Conference Registration fees will apply.

CANCELLATION & REFUND CONDITIONS

- All cancellations and/or modifications must be submitted in writing to the CAPHC Conference Secretariat by:
Email: CAPHCreg@advance-group.com or Fax: 1 604 685 3521

CHANGES / MODIFICATION / NAME SUBSTITUTION

- Any changes requiring assistance from the CAPHC Conference Secretariat are subject to a \$60.00 CAD (+ HST) administrative fee.
- An alternate attendee name may be substituted if you are unable to attend the Conference. Substitutions are subject to a \$60.00 CAD (+ HST) administrative fee.

CANCELLATION NOTIFICATION & REFUNDS

- Notification by September 13, 2011** – A refund will be granted less a \$105.00 CAD (+ HST) administration fee per registration.
- Notifications received starting September 14, 2011** are 100% non-refundable.
- Approved refunds will be processed and issued no later than November 30, 2011.

RE-VERIFICATION OR REPROCESSING OF A CREDIT CARD

- Credit card payments that require reprocessing for any reason will incur a \$75.00 CAD (+ HST) administrative fee

SUBMIT FORM TO / QUESTIONS:

CAPHC 2011 Conference Secretariat

c/o Advance Group Conference Management Inc.

Suite 101 - 1444 Alberni Street

Vancouver, BC, Canada V6G 2Z4

Facsimile: 604 685 3521

Email: CAPHCreg@advance-group.com

Telephone: 604 688 9655 (ext 2)

Preferred Payment Method

Please select your preferred method of payment. Payment in full for registration fees is required prior to the conference.

- Canadian Money Order/Cashier or Company cheque - payable to **CAPHC 2011 c/o Advance Group** and must accompany your completed form and received no later than **October 3, 2011**.
- Bank Wire Transfer - in Canadian funds with an additional **\$30.00 CAD** applicable. Contact CAPHCreg@advance-group.com for transfer details.
- Visa Mastercard AMEX Please note the charge will be posted as **Advance Group** on your credit card statement.

Credit Card Authorization:

By signing I certify I have read, understand, agree with and authorize all of the charges pertaining to the requested registration fees for the CAPHC 2011 Conference in Ottawa as detailed on this form. I also certify I understand and agree to the conditions and penalties as outlined on this form.

Cardholder's name as it appears on the card (please print): _____

Cardholder's email address: _____ Date signed: _____

Signature: _____ Authorizing signature must be the same as the name on the credit card.

Card #: _____ Expiry Date: _____ (MM/YY)