REGISTRATION FORM

PARTICIPANT INFORMATION:

☐ DR. ☐ NP ☐ MS. ☐ MR.

First Name: _____ Last Name: _____

Organization: _____ Position: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Special Dietary/Allergies or Mobility Requirements: _____

Workshop Attendance:

Select one of the following workshops for both Sessions A and B: ☐ A1 ☐ A2 ☐ A3 ☐ A4

☐ B1 ☐ B2 ☐ B3 ☐ B4

Registration:

Registration deadline: March 20, 2020

Early bird fee: By February 7, 2020 ☐ $ 225.00 After February 7, 2020 ☐ $ 250.00 Poster Presenter ☐ $190

The conference fee includes all sessions, conference publications, breakfast, lunch and refreshment breaks. Cancellations received in writing on or before February 28, 2020 will be subject to a $40.00 administration fee. No refunds will be granted for cancellation or non-attendance after that date. Registration is transferable and substitutions are welcome and must be submitted in writing before March 20, 2020.

Total enclosed: $ _____ ☐ Cheque (payable to Providence Health Care) ☐ Visa ☐ MasterCard ☐ AMEX

Card No.: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Please autofill and email, OR print, scan, and email this registration form to
Conferences@providencehealth.bc.ca or complete this form and mail or fax to:

Geriatric Services Conference, Attention: Karen Leon
Youville Residence, Providence Health Care
4950 Heather Street, Vancouver, BC, V5Z 3L9
Phone: 604-806-9526 Fax: 604-261-9047

Acknowledgement of your registration will be emailed within two business days.
If you do not receive a confirmation, please call our office at 604-806-9526

CLEAR FORM