

REGISTRATION FORM

Dr. Mr. Ms.

.....
Last Name

.....
First Name

Position: Organization:

Address:

City: Province: Postal Code:

Phone: Fax: Email:

Special Dietary Requirements:

Workshop Attendance:

Select one of the following workshops

A1 A2 A3 A4

Select one of the following workshops

B1 B2 B3 B4

Registration Fees:

Early Bird, by March 20, 2019: \$215.00

Regular, after March 20, 2019: \$240.00

Registration Deadline: April 5, 2019

Poster Presenter: \$190.00

Student: \$95.00

*Conference fee includes all sessions, conference publications, breakfasts, lunches and refreshments.

Cheque or money order Payable to "Providence Health Care" *cheque must be received by March 28, 2019

Visa

Mastercard

AMEX

Credit Card#: _____

Signature _____

Expiry Date: _____

Name on Card: _____

Please send your registration form to:

Email: Conferences@providencehealth.bc.ca

Mail: Geriatric Services Conference 2019

Cindy Convery

Youville Residence

4950 Heather Street

Vancouver, BC V5Z 3L9

Fax: 604-261-9047

For further information, please call 604-806-9526.

Cancellation and Substitution Policy: Cancellations received on or before Mar 23, 2019 will be subject to a \$40 administration fee. No refunds will be granted for cancellation or non attendance after that date. Substitutions are welcome. **Liability:** Providence Health Care hereby assumes no liability for any claims, personal injury, or damage to any individual attending this conference that may result from the use of technologies, program products and/or services at this conference that may arise out of or during this conference.