

20th Annual Palliative Care Conference: Education and Research Day 26th October 2009 - Fantasyland Hotel, West Edmonton Mall

Pre-registration is necessary to guarantee lunch

REGISTRATION FORM: PLEASE FILL IN COMPLETELY AND PRINT CLEARLY OR TYPE

LAST/FIRST NAME: _____

ORGANIZATION/AFFILIATION: _____

ADDRESS: _____

City Province Postal Code
PHONE () _____ FAX () _____ E-MAIL _____

Registration Fee:

Regular Registration: \$ 100.00 Complementary:

Full Time Student: \$ 50.00
(with Proof of Full-time Registration)

FEE: (G.S.T. and Lunches included in price) (G.S.T. Registration No. 107282535)

Are you registering as a

Presenter: Session: _____

Student: ID: _____
Educational Institution: _____

Professional Designation: MD RN LPN Pharm PhD Social Work Pastoral Care Occ. Therapy
 Physio Therapy Dietary Other (Specify): _____

CONCURRENT SESSIONS (Indicate a choice for each Session)

Monday, October 26th 2009

A.1 ___ A.2 ___ A.3 ___ A.4 ___ B.1 ___ B.2 ___ B.3 ___ B.4 ___

Telephone/fax registrations will not be guaranteed until payment is received.

Registration Deadline: No registrations will be accepted after October 23rd.

A \$25 cancellation fee applies to all cancellations before October 15th. Registration fee non-refundable after October 15th.

Further Information contact: Phone: 780-735-7727; Fax: 780-735-7302

E-mail: pallconf@capitalhealth.ca

If paying by Credit Card: Visa Master Card Amex Other _____

Card No. _____ Expiry Date _____ Signature _____

If paying by cheque make payable to: **Covenant Health** and Mail to:
Kathy Robberstad
Grey Nuns Community Hospital
1090 Youville Drive West, 217 – Health Services Centre
EDMONTON, AB T6L 0A3
or Fax to: 780-735-7302

**Receipts will be enclosed in your
Registration package at the door**