



21st Annual Palliative Care Conference: Education and Research Days 25th & 26th October 2010 - 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: _____

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

Fee Schedule:	Before Oct 8	After Oct 8	Amount Enclosed	1 Day Indicate Day
2 Day Registration	\$250.00	\$350.00	_____	_____
1 Day Registration	\$175.00	\$275.00	_____	_____
Student - 2 Day } ID	\$ 80.00	\$120.00	_____	_____
Student - 1 Day } required	\$ 50.00	\$ 90.00	_____	_____

*Purchase three registrations and get the fourth one free. (Must register as a group in order to qualify.)

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 25, 2010

Tuesday, October 26, 2010

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

D.1 ___ D.2 ___ D.3 ___ D.4 ___

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

C.1 ___ C.2 ___ C.3 ___ C.4 ___

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

Registration Deadline: No registrations will be accepted after October 20th.

A \$25 cancellation fee applies to all cancellations before October 8th. The Registration fee is non-refundable after October 8th.

Further Information contact: Phone: 780-735-7730; Fax: 780-735-7700 E-mail: Melanie.Grygus@covenanthealth.ca

PLEASE INCLUDE VERIFICATION NUMBER FOUND ON THE BACK OF YOUR CARD

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:

Melanie Grygus
 Grey Nuns Community Hospital
 1100 Youville Drive West, Room 4030
 EDMONTON, AB T6L 5X8

Receipts will be enclosed in your Registration package at the door