



How you want to be treated.

# THE 16<sup>TH</sup> ANNUAL LEADERSHIP PROGRAM FOR PHYSICIANS AND LEADERS IN LONG TERM CARE

NOVEMBER 8<sup>TH</sup> AND 9<sup>TH</sup>, 2019

PAN PACIFIC VANCOUVER – 300 – 999 CANADA PLACE, VANCOUVER, BC

## REGISTRATION FORM

### Participant:

Dr.  Ms.  Mr. \_\_\_\_\_  
Last Name First Name

Position / Organization \_\_\_\_\_

Address \_\_\_\_\_

City Province Postal Code

Telephone Email

### Privacy Policy:

Your name, organization and/or city will appear on your name badge. Your name, job title, organization, city and your email will appear on the list of attendees. Your contact information will not be published or shared and will only be used by the event coordinators prior to and following the event as necessary. If you **DO NOT** want this information to appear on the list of attendees, please check this box:

### Special Requirements:

Special dietary/allergies or mobility requirements \_\_\_\_\_

### Registration:

#### Registration deadline November 1<sup>st</sup>, 2019

Early bird fee, by October 4<sup>th</sup>, 2019  \$ 500.00 for both days  \$ 275.00 for one day  
After October 4<sup>th</sup>, 2019  \$ 550.00 for both days  \$ 350.00 for one day  
I plan to attend:  Both days  November 8<sup>th</sup> only  November 9<sup>th</sup> only

The conference fee includes all sessions, conference publications, breakfast, lunch and refreshment breaks. Cancellations received in writing on or before October 11<sup>th</sup>, 2019 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 November 1<sup>st</sup>, 2019.

Total enclosed \$ \_\_\_\_\_  Cheque (payable to Providence Health Care)  Visa  MasterCard  AMEX

Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Acknowledgement of your registration will be emailed within two business days. If you do not receive a confirmation, please call our office at 604-806-9595 or email [Conferences@providencehealth.bc.ca](mailto:Conferences@providencehealth.bc.ca).

Please autofill and email, or print, scan and email this registration form to [Conferences@providencehealth.bc.ca](mailto:Conferences@providencehealth.bc.ca) or complete this form and mail or fax to:

Leadership Program 2019, Attention: Cindy Convery  
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