



How you want to be treated.

THE 15TH ANNUAL LEADERSHIP PROGRAM FOR PHYSICIANS AND LEADERS IN LONG TERM CARE

NOVEMBER 23RD AND 24TH, 2018

PAN PACIFIC HOTEL – 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 Your contact information will not be published or shared and will only be used by the event coordinators prior to and following the event as necessary.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 Fees (registration deadline - Nov 16, 2018):

Early bird fee, by October 22, 2018 \$ 500.00 for both days \$ 275.00 for one day
After October 22, 2018 \$ 550.00 for both days \$ 350.00 for one day
I plan to attend: Both days November 23rd only November 24th only

The conference fee includes all sessions, conference publications, breakfast, lunch and refreshment breaks. Cancellations received in writing on or before October 19, 2018 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 16, 2018.

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

Card No.: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

A written acknowledgement of your registration will be sent prior to the event via email. If you do not receive a confirmation, please call our office at 604-806-9595. Receipts will be provided in your conference package, unless requested otherwise.

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

Leadership Program 2018 Attention: Cindy Convery

Youville Residence, Providence Health Care, 125 – 4950 Heather Street, Vancouver, BC, V5Z 3L9

Phone: 604-806-9595 Fax: 604-261-9047