

14th Annual Leadership Program for Physicians and Leaders in **LONGTERM CARE**

Engage. Enrich. Empower.



November 17-18, 2017 Pan Pacific Hotel 300 - 999 Canada Place Vancouver BC

2017 PARTICIPANT REGISTRATION FORM



Dr. Mr. Ms.

.....
Last Name

.....
First Name

Position: Organization:

Address:

City: Province: Postal Code:

Phone: Fax: * Email:

Special Dietary Requirements: *Required to receive your confirmation of registration and receipt electronically

Privacy Policy: Your name, organization and or/city will appear on your badge. Your name, job title, organization, city & your email will appear on the list of attendees. Your contact information will not be published nor shared and will only be used by the event coordinators prior to and following the event as necessary.

If you **DO NOT** want your name & contact information to appear on the list of attendees, please check this box

Registration Fees:

Registration Deadline: November 3rd, 2017

Early Bird, by <u>October 13, 2017:</u>	\$450 for both days	\$250 for one day
After <u>October 13, 2017:</u>	\$550 for both days	\$350 for one day

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

I plan to attend: Both days (Nov 17 & 18) Day 1 only (Nov 17) Day 2 only (Nov 18)

Payment:

Total enclosed: \$

Cheque or money order Payable to "St. Paul's Hospital Foundation" *cheque must be received by November 3rd 2017

Visa

MasterCard

AMEX

Credit Card#:

Signature

Expiry Date:

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

Name on Card:

Please send your registration form and payment to:

Fax: 604-261-9047

ATTN: Leadership Program 2017

Providence Health Care

Phone: 604-806-9595

Mail: Leadership Program 2017

Youville Residence—Attn: Linda Dufresne

123 4950 Heather Street

Vancouver, BC V5Z 3L9

Cancellation and Substitution Policy: Cancellations received in writing on or before October 20th, 2017 will be subject to a \$40 administration fee. No refunds will be granted for cancellation or non attendance after that date. Registration is transferable and substitutions are welcome in the event that you cannot attend, however all substitutions must be submitted in writing on or before **November 10th, 2017**. **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.