

December 2~3, 2016 Coast Plaza Hotel & Suites ~ 1763 Comox St. ~ Vancouver BC

FAX:

604-806-8173

2016 PARTICIPANT REGISTRATION FORM

Dr. Mr. Ms.

.....
Last Name

.....
First Name

Position: Organization:

Address:

City: Province: Postal Code:

Phone: Fax: * Email:

*Required to receive your confirmation of registration and receipt electronically

Special Dietary Requirements:

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 Your contact information will not be published nor shared and will only be used by the event coordinators prior to and following the event as necessary.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 18th, 2016

Early Bird, by October 28, 2016: \$450 for both days \$250 for one day

After October 28, 2016: \$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 (Dec 2 & 3) Day 1 only (Dec 2) Day 2 only (Dec 3)

Payment:

Total enclosed: \$

Cheque or money order Payable to "Providence Health Care" *cheque must be received by November 10th, 2016

Visa

MasterCard

AMEX

Credit Card#: Expiry Date:

Name on Card:

A written acknowledgement of your registration will be sent prior to the event should you provide CHAP with your email address. If you do not receive a confirmation, please call our office at 604-806-8360. Receipts will be provided in your registration package unless requested otherwise.


Cardholder Signature:

Please send your registration form and payment to:

Fax: **604-806-8173**

or

Mail: Leadership Program 2016

 ATTN: Leadership Program 2016
Centre for Healthy Aging at Providence
Phone: 604-806-8360



Centre for Healthy Aging at Providence
c/o 1081 Burrard Street
Vancouver, BC V6Z 1Y6

Cancellation and Substitution Policy: Cancellations received in writing on or before October 14th, 2016 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 to the CHAP office on or before **November 4th, 2016**. **Liability:** Centre for Healthy Aging at Providence 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.