



2009 Participant Registration Form

Fax: 604-876-7113

Dr. Mr. Ms
Last Name First Name

Position: Organization:

Address:

City: Province: Postal Code:

Phone: Fax: Email:

Special Dietary Requirements:

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 Your contact information will not be published nor shared and will only be used by the event coordinators prior to & following the event as necessary.

Registration Fees

Registration Deadline: Friday October, 23, 2009

Early Bird, by September 30, 2009	\$400 for both days	\$200 for one day
After September 30, 2009	\$500 for both days	\$300 for one day

*Conference fee include all sessions, course syllabus, breakfasts, lunches and refreshment breaks.

I plan to attend: Both days (Nov. 6 & 7) Day 1 only (Nov 6) Day 2 only (Nov 7)

Payment

Total enclosed \$ _____

Cheque or money order (Payable to "Providence Health Care")

Visa

MasterCard

AMEX

Credit Card #: _____ Expiry Date: _____

Name on Card: _____ Verification # (3 numbers on back of card): _____

Cardholder Signature: _____

Confirmation will be sent to you within 2-3 weeks of receipt of your payment. If you do not receive a confirmation, please call our office at 604-876-7112 ext. 601.

Please send your registration form and payment to:

Fax: 604-876-7113

ATTN: Leadership Program 2009

Centre for Healthy Aging at Providence

Phone: 604-876-7112 ext. 601

or Mail: Leadership Program 2009

Centre for Healthy Aging at Providence

4865 Heather St.

Vancouver, BC, V5Z 0B3

Cancellation and Substitution Policy: Cancellations received in writing on or before October 2, 2009 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 October 23, 2009.