

## 2011 Participant Registration Form

Fax: 604-876-7113

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

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \* Email: \_\_\_\_\_

\*Required to receive your confirmation of registration & receipt electronically

**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 Your contact information will not be published nor shared and will only be used by the event coordinators prior to & following the event as necessary.

If you do not want your name to appear on the list of attendees, please check this box

### Registration Fees

**Registration Deadline: Friday October 21, 2011**

<b>Early Bird, by September 30th, 2011</b>	<b>\$425 for both days</b>	<b>\$225 for one day</b>
<b>After September 30th, 2011</b>	<b>\$525 for both days</b>	<b>\$325 for one day</b>

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

I plan to attend:  Both days (Nov. 4 & 5)  Day 1 only (Nov 4)  Day 2 only (Nov 5)

### 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 3-4 weeks of receipt of your payment. A confirmation of registration + purchase receipt will be provided electronically (or mailed if email address is not provided). 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 2011  
Centre for Healthy Aging at Providence  
Phone: 604-876-7112 ext. 601

or

**Mail:** Leadership Program 2011   
Centre for Healthy Aging at Providence  
4865 Heather Street  
Vancouver, BC V5Z 0B3

**Cancellation and Substitution Policy:** Cancellations received in writing on or before October 3, 2011 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 21, 2011.**