

Care by Design Long Term Care Conference

November 6, 2015

PLEASE CHECK APPLICABLE FEE

Postmarked or faxed with credit card information:

	on or before Oct 9	after Oct 9
Physicians	<input type="checkbox"/> \$145	<input type="checkbox"/> \$167
Other Health Professionals and Healthcare Administrators	<input type="checkbox"/> \$90	<input type="checkbox"/> \$109

Fees apply to individuals and may not be shared.

Please indicate: Family Physician Specialist: _____
 Other Health Professional: _____
 Healthcare Administrator

Last name: _____ First name: _____

Address: _____

City: _____ Prov _____ Postal Code: _____

A complete and accurate mailing address is required for your income tax receipt. Please print.

Return to:

Kim Lake
 Continuing Professional Development
 5849 University Avenue, C-106, P.O. Box 15000
 Halifax, NS B3H 4R2
 Tel 902.494.1588
 Fax 902.494.1479 (only if paying by VISA or MasterCard)

Please do not mail duplicates of faxed credit card registrations

Payment (cash, cheque or credit card information must accompany registration form.
 We regret that we are unable to invoice individuals or institutions for fees. **Cheques payable to Dalhousie Continuing Professional Development.** Please do not send postdated cheques.

VISA MasterCard Expiry Date:

Card Number:

Cardholder's Name: _____
Please print

Authorized Signature: _____

A full refund less an administration fee of \$25.00 will be made for registrations cancelled in writing by **October 22, 2015**. No refunds will be made after that date.

Tel: _____

Fax: _____

Email: _____

Note: Confirmation of registration will be provided by email only. If you have provided a valid email address and do not receive such confirmation within one week, please contact kim.lake@dal.ca.

Please indicate any dietary restrictions _____