

BC Hospice Palliative Care Association Conference  
May 25-27, 2007

Register online - visit [www.hospicebc.org](http://www.hospicebc.org)

Note: A \$10.00 fee applies for manual registration

## To register, follow these steps.

Remember to complete both sides and to keep a copy for your records

### 1. Delegate information

_____	
name (as it should appear on your conference name tag)	
_____	
position	
_____	
organization	region
_____	
street address	city
_____	
province	postal code
_____	
phone	fax
_____	
e-mail	

### 2. Special session registration

Do you require an airport transfer?  Yes  No

I will attend the Regional Meetings  Yes  No

Indicate which regional meeting you will attend:

- |                                            |                                                            |
|--------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Fraser            | <input type="checkbox"/> Northern                          |
| <input type="checkbox"/> Interior          | <input type="checkbox"/> Vancouver Island                  |
| <input type="checkbox"/> Vancouver Coastal | <input type="checkbox"/> Provincial (other than the above) |

#### Participant List

I agree to have my name appear on the participant list  Yes  No

May we contact you in the future about other events?  Yes  No

Please remember to complete other side.....

Early bird deadline:  
**April 27, 2007**

Final registration  
deadline:  
**May 17, 2007**

Please mail to:  
BC Hospice Palliative Care  
Association, c/o P.O. Box 41069,  
2529 Shaughnessy Street,  
Port Coquitlam, BC V3C 5Z9  
**fax: (604) 945-3576**

#### For more information contact:

Azmina Jinnah, Registration Manager  
The Conference Intelligence Agency Inc.  
tel: (604) 945-3574  
e-mail: [azmina@theciainc.com](mailto:azmina@theciainc.com)

#### Cancellations/refunds

We will provide a full refund minus a \$75-administration fee for cancellations received in writing by May 14. Cancellations after that date will be liable for the full conference rate. No charge will be made for substitutions.

#### Hotel information

Sheraton Guildford  
15269 - 104 Avenue  
Surrey, BC V3R 1N5  
tel: (604) 582-9288  
toll free: 1-800-325-3535  
fax: (604) 582-9712

**Reminder: Hotel reservation cut-off date is April 25, 2007  
Book Early!**

# BC Hospice Palliative Care Association Conference May 25-27, 2007

Registrant Name: \_\_\_\_\_

## 4. Concurrent Session Registration

### Block 1 Friday, May 25, 2007 1045-1215

PPC1A  PPC1B  RE1  CD1  PRG1  FV1

### Block 2 Friday, May 25, 2007 1345-1500

PSB2  PPC2  SM2  RE2  CD2A  CD2B  FV2  PRGS2  PRGA2

### Block 3 Friday, May 25, 2007 1530-1630

PSB3  PPC3  SM3  RE3  CD3  FV3  PRG3

### Block 4 Saturday, May 26, 2007 0900-1015

PSB4A  PSB4B  PPC4  SM4  RE4  CD4  FV4  PRGS4  PRGA4

### Block 5 Saturday, May 26, 2007 1045-1200

PSB5  PPC5  RE5  IG1  IG2  IG3  IG4  IG5  PRGS5  PRGA5

### Block 6 Saturday, May 26, 2007 1330-1500

BRW6  PSB6  PPC6  SM6  RE6  FV6  PRGS6  PRGA6

(NOTE: BRW6 has a \$25.00 fee applicable)

### Block 7 Saturday, May 26, 2007 1530-1700

PSB7  SM7  RE7  CD7  FV7  PRG7

### Block 8 Sunday, May 27, 2007 0830-1030

ADV8  PSB8A  PSB8B  PPC8  RE8  CD8  FV8  PRG8

## 5. Conference fees

Early Bird Rate – Before April 27, 2007	Professional	Volunteers/Students	Amount
Three-day conference	350.00	275.00	_____
One-day fee (Evening events not included)	235.00	175.00	_____
<b>Regular Rate – After April 27, 2007</b>			
Three-day conference	425.00	325.00	_____
One-day fee (Evening events not included)	285.00	225.00	_____
<b>Bereavement Workshop and BC Bereavement Helpline AGM (BRW6) - \$25.00</b>			_____
<b>Extra Friday Keynote Tickets - \$25.00 each x # of tickets</b> _____			_____
<b>Extra Banquet Tickets - \$50.00 each x # of tickets</b> _____			_____
<b>Extra Sunday Keynote Tickets - \$25.00 each x # of tickets</b> _____			_____
<b>Manual Registration Fee</b> <i>register on line at <a href="http://www.hospicebc.org">www.hospicebc.org</a> and avoid the \$10 fee!</i>			<b>\$10.00</b>
		<b>Subtotal</b>	_____
		<b>6% GST</b>	_____
		<b>Total submitted</b>	

## 6. Method of payment

If paying by cheque or money order, please make payable to **BC Hospice Palliative Care Association** and mail with this form c/o **P.O. Box 41069, 2529 Shaughnessy St., Port Coquitlam, BC, V3C 5Z9**. If paying by credit card, provide the information below and fax this form to **(604) 945-3576**.

VISA       MasterCard      Amount \$ \_\_\_\_\_

\_\_\_\_\_ Card Number      \_\_\_\_\_ Expiry Date

\_\_\_\_\_ Name of Cardholder (please print)      \_\_\_\_\_ Signature

**Special Notes:** If paying by cheque, we recommend that you fax your completed registration form to us prior to forwarding to your finance department for payment. If paying by credit card, the merchant name that will appear on your statement will be The Conference Intelligence Agency Inc. (The CIA Inc.)