

Registration Form

Canadian Association of Physician Assistants 7th National Conference 26-28 September 2008, Halifax, NS

Registration is limited. Registration will not be taken over the phone. Registration received without payment will not be processed. Written confirmation and receipt will be forwarded approximately 3 to weeks prior to conference. Registration received after 01 Sep, 2008 will be confirmed by phone or email. All prices include conference registration, exhibitions and refreshments breaks.

CANCELLATION POLICY

All cancellation requests must be made in writing:

Prior to 01 Sep, 2008	\$50 admin charge
After 02 Sep, 2008	No refund

HOW TO REGISTER

Online www.caopa.net
 Email Steiger.DC@forces.gc.ca or
gsheat1553@rogers.com

Fax 1-613-945-6750
 Mail CAPA
 HCC, Room 253A
 1745 Alta Vista Dr
 Ottawa, Ontario,
 K1A 1K6

Accommodation Citadel Halifax Hotel

A block of rooms will be held until Aug 15, 2008 at a special conference rate of \$154.00 single plus taxes.



To make reservations contact Hotel at:
1-902-422-1391 or 1-800-565-7162
Fax 1-902-429-6672

When making your booking refer to **Group Booking Number: under CAPA**

Reservation Number: will be provided upon reserving individual rooms
www.citadelhalifax.com

All rates are in Canadian Dollars	CAPA members	PA - Non Members	Physicians Non Members	Other health care professional	Students
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ACLS - Recertification		\$ 250	\$ 250	\$ 250	\$ 250	\$ 250
AIME program		\$ 450	\$ 450	\$ 450	\$ 450	\$ 450
CAPA Conference, 2008	2 days	\$ 300	\$ 450	\$ 450	\$ 450	\$ 300
Reception						

Note: depending on the interest in the Pre-conference courses, these courses may be cancelled at the last minute; those that have indicated that they planned to attend will be notified of the cancellation. Price is subject to change without notification

Registration Form

Canadian Association of Physician Assistants 7th National Conference 26-28 September 2008, Halifax, NS

Name: (please print)	_____	_____
	First	Surname
Title:	<input type="checkbox"/> PA <input type="checkbox"/> Physician <input type="checkbox"/> PA Student <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> Paramedic	
	<input type="checkbox"/> Other Health Care Professional _____	
CAPA Membership #	_____	
Address:	_____	
City/Town:	_____	Province/State: _____
Postal/Zip Code:	_____	
Phone :	_____	Fax : _____
Email :	_____	

Conference outline:

26 Sep 08

Pre Conference Courses (based on availability)

- ACLS recertification
- Airway interventions and Management in Emergencies (AIME) program

27-28 Sep 08

Two concurrent sessions

Continuing Professional Education (CPE) presentation

Indicate the event you plan on attending:

Pre-Conference Courses Friday 26 Sept 2008

- ACLS recertification course
- Airway interventions and Management in Emergencies Program

CAPA Conference 27-28 September 08

- CAPA National Conference 27-28 September 08
- Sponsored Lunch Session # 1, 27 September 08
- CAPA Conference Reception (Meet & Greet), 27 September 2008
- CAPA Annual General meeting, 27 September 08

Conference session to be posted by 01 August on CAPA website

Payment information

Method of Payments

- Cheque Money Order

Forward Payment and registration form to:

Canadian Association of Physician Assistants
HCC, Rm 253A
1745 Alta Vista Drive
Ottawa, Ontario
K1A 0K6

Conference registration Fee

ACLS

AIME program

TOTAL AMOUNT ENCLOSED

Or Fax to: (613) 945-6750

Signature

Date