



REGISTRATION FORM, 2012

ANNUAL CONFERENCE MAY 23-26, 2012

THANK YOU FOR REGISTERING FOR THE 2012 CONFERENCE. PLEASE **COMPLETE BOTH PAGES OF THE REGISTRATION FORM** IN FULL AND READ AND ACCEPT THE CANCELLATION CLAUSE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE OFFICE AT OFFICE@CANADIANPAIN SOCIETY.CA OR 905-404-9545.

1. CANCELLATION CLAUSE: Cancellations received prior to **FRIDAY APRIL 20, 2012** are subject to a \$60.00 administration fee. After Friday April 20th, there will be no refunds however delegate substitution can be made until **FRIDAY MAY 4, 2012 with no substitution fee**. After **FRIDAY MAY 4, 2012** a \$60.00 delegate substitution fee applies. I HAVE READ AND ACCEPTED THE CANCELLATION CLAUSE:

2. REGISTRATION THREE WAYS:

Online: www.canadianpainsociety.ca—CAN registrations cannot be done online—if registering under this category, you must fax or mail your form in.

Fax: 1-905-404-3727

Mail: 1143 Wentworth Street W. Suite 202, Oshawa, ON L1J 8P7

3. MEMBERSHIP:

If you are a current CPS member, please choose the member rates below. If you are not a member, please choose the non-member rates. If you want to join now and take advantage of the member rates, check the appropriate box under this section.

I am a current member I am not a member and will choose the non-member rates I will be joining now

4. I AM A NON-CPS MEMBER ATTENDING THE CAN CONFERENCE AND TAKING ADVANTAGE OF YOUR OFFER TO REGISTER AT YOUR MEMBER RATES:

If you are choosing this category, your registration must be faxed in. Online registration will not support your non-member status at member fees.

5. DELEGATE REGISTRATION INFORMATION:

One form per person. Photocopies are accepted.

Please circle one: Dr. Professor Mr. Mrs. Ms. Other _____ Professional Designation _____ Highest Academic Degree _____

First Name: _____ Last Name: _____

Guest Name: **REQUIRED IF PURCHASING A DINNER TICKET FOR A GUEST**

Guest First Name: _____ Guest Last Name: _____

Organization or Affiliation: _____

Address: Home or Office _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Email: _____

Tel: _____ Fax: _____

Dietary, Allergies or other Special Considerations: _____

If requesting Kosher or other special meals which must be brought in from outside the facility, there will be a 'upcharge' to cover additional cost including the cost of delivery.

6. CONCURRENT SESSIONS:

Concurrent sessions must be chosen with registration. If you do not choose your sessions, there is no guarantee that your choice will be available onsite due to room capacities.

Please choose one per time slot: - Circle your choice

THURSDAY MAY 24	1:45 PM —101	102	103	104								
FRIDAY MAY 25	10:45 AM —201	202	203	204	1:30 PM —205	206	207	208	4:00 PM —209	210	211	212
SATURDAY MAY 26	11:15 AM —301	302	303	304	2:15 PM —305	306	307	308				

7. FAMILY PRACTICE PAIN EDUCATION GROUP MEETING AND LUNCHEON—Available to the first 25 people who register for this luncheon meeting.

Friday May 25, 2012—12:15 pm—1:30 pm I would like to attend: A confirmation will be sent to you for this event. If the event is full, you will be notified.

8. NURSING ISSUES SIG LUNCHEON AND ANNUAL GENERAL MEETING

Friday May 25, 2012—12:15 pm—1:30 pm

If you are a Nursing Issues SIG member and will be attending the AGM and luncheon, please indicate here

9. DINNER AND AWARDS EVENING (\$60.00 BEFORE MAY 4 AND \$90.00 AFTER MAY 4TH TO MAY 24)

Friday May 25, 2012—7:00 pm—11:00 pm. **You must purchase a ticket for this dinner event.** Choose the appropriate box on the registration form for payment.

Yes, I will be attending Yes, I will be purchasing a guest ticket(s) for this event: Name is above under Guest Name.



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REGISTRATION FORM CONTINUED

10. PLEASE PROVIDE YOUR NAME ON THIS PAGE TO ENSURE YOUR REGISTRATION FORM REMAINS TOGETHER:

First Name _____ Last Name: _____

11. CHOOSING REGISTRATION FEES: CIRCLE YOUR CHOICES AND TOTAL

Registration fees are categorized by member fees, non-member fees and trainee fees. Choose early bird fees if registering before and including March 31st (members only— or non-member CAN attendees). Choose regular fees if registering between April 1st and May 4th, inclusive. Choose onsite fees if registering May 5th, or any date after and throughout the Conference.

MEMBER FEES	EARLY BIRD FEE TO MARCH 31	REGULAR FEE APR 1—MAY 4	ONSITE FEE FROM MAY 5
FOUR-DAY CONFERENCE PACKAGE—MAY 23—MAY 26	690.00	760.00	960.00
PAIN EDUCATION DAY MAY 24 ONLY	265.00	325.00	420.00
TWO-DAY SCIENTIFIC PROGRAM—MAY 25 & MAY 26	465.00	495.00	595.00
ONE DAY FEES EITHER MAY 25 OR MAY 26 (<i>Circle one day</i>)	360.00	390.00	450.00
NON-MEMBER FEES	EARLY BIRD FEE TO MARCH 31	REGULAR FEE TO MAY 4	ONSITE FEE FROM MAY 5
FOUR-DAY CONFERENCE PACKAGE—MAY 23—MAY 26	NA	820.00	1,025.00
PAIN EDUCATION DAY MAY 24 ONLY	NA	355.00	455.00
TWO-DAY SCIENTIFIC PROGRAM—MAY 25 & MAY 26	NA	540.00	660.00
ONE DAY FEES EITHER MAY 25 OR MAY 26 (<i>Circle one day</i>)	NA	475.00	540.00
TRAINEE FEES—HELD AT 2011 FEES	EARLY BIRD FEE TO MARCH 31	REGULAR FEE TO MAY 4	ONSITE FEE FROM MAY 5
FOUR-DAY CONFERENCE PACKAGE—MAY 23—MAY 26	NA	200.00	245.00
ONE DAY—PAIN EDUCATION DAY MAY 24 OR ONE DAY SCIENTIFIC MAY 25 OR MAY 26 (<i>Circle one day</i>)	NA	150.00	195.00
TWO-DAY SCIENTIFIC PROGRAM—MAY 25 & MAY 26	NA	170.00	215.00

12. FEE TOTALS:

Registration fees as selected \$ _____
 Dinner & Awards Evening Ticket, **before May 4** _____ # tickets x \$60.00. \$ _____
 Dinner & Awards Evening Ticket, **after May 4 to May 24** _____ # tickets x \$90.00. \$ _____
 Child Fee _____ # of children x \$40.00 (*Breakfasts, Breaks and Lunches only*). \$ _____
 Membership Fee, Regular, \$150.00 \$ _____
 Membership Fee, Trainee, \$45.00 \$ _____
 SUB TOTAL OF FEES: \$ _____
 HST APPLICABLE ON ALL FEES, 13% \$ _____ #130451156rt001 (*If exempt, please contact the office*)
TOTAL FEES: \$ _____

13. PAYMENT

A. By credit card: FAX TO 1-905-404-3727: AMEX _____ VISA _____ MASTERCARD _____
 Credit card payments will be processed by Events In Sync, Inc. and your statement will indicate such. Events In Sync, Inc. is the management company for the Canadian Pain Society.

NAME ON CARD: _____ NUMBER: _____ EXPIRY _____

CVN: _____ SIGNATURE: _____

B. By Mail: With cheque payable to: **Canadian Pain Society**, 1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7

14. QUESTIONS?

Georgina Smith, Registration Manager—georgina@canadianpainsociety.ca; georgina@eventsinsync.com; georgina@gdsmithevents.com; T: 905-404-9545