



Registration Form

22th International Congress on Palliative Care

October 2 - 5, 2018 – Palais des Congrès, Montréal, Canada

For office use only:
#

A. Identification *(Please type or print legibly and use one form per participant.)*

PREFIX (PLEASE CHECK ONE): PROF. DR. MR. MS. MRS. OTHER:

LAST NAME FIRST NAME

TITLE/POSITION

DEPARTMENT/DIVISION

ORGANIZATION

ADDRESS CITY

PROVINCE/STATE COUNTRY POSTAL/ZIP CODE

TELEPHONE MOBILE E-MAIL

Please check this box if you **do not want** your e-mail address to appear on the list of participants which may be distributed to participants.

Perspective *(check one)*

- Physician
- Nurse
- Volunteer
- Administrator
- Pharmacist
- Social Worker
- Psychologist
- Pastoral Care Professional
- Music/Art Therapist
- Physical/Occupational Therapist
- Researcher
- Educator/Teacher
- Other: *(please specify)*

Fees are shown in Canadian funds and include access to sessions, the Welcome Reception, the Exhibit Hall and Congress publications.

B. Congress Registration Fees *(Fees include taxes: GST# 878868660 RT, QST# 1020752421)*

	Before August 1 st , 2018	After August 1 st , 2018	
1. Full Congress – Regular	<input type="checkbox"/> \$925 CAN	<input type="checkbox"/> \$1025 CAN	\$
2. Full Congress – Student – <i>Proof of full-time student status required* *copy of current student card or letter from your programme director)</i>	<input type="checkbox"/> \$425 CAN	<input type="checkbox"/> \$485 CAN	\$
3. Full Congress – Developing Countries – <i>Available ONLY to participants residing in countries listed as “Low” and “Lower middle” income by the World Bank (see list on our website). Proof of residence required.</i>	<input type="checkbox"/> \$425 CAN	<input type="checkbox"/> \$485 CAN	\$
4. Individual Days – Regular	<input type="checkbox"/> \$310 CAN x No. of days = _____	<input type="checkbox"/> \$335 CAN x No. of days = _____	\$
5. Individual Days – Student – <i>Proof of full-time student status required* *copy of current student card or letter from your programme director)</i>	<input type="checkbox"/> \$180 CAN x No. of days = _____	<input type="checkbox"/> \$215 CAN x No. of days = _____	\$
6. Individual Days – Palliative Care Volunteer <i>(Welcome Reception not included) Please provide a letter on letterhead from your volunteer coordinator to qualify for this rate.</i>	<input type="checkbox"/> \$100 CAN x No. of days = _____	<input type="checkbox"/> \$100 CAN x No. of days = _____	\$
• Which days you are registering for? <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY			

I wish to purchase tickets for the following activities:

Sub Total: \$

<input type="checkbox"/> Networking Lunch L01 (Tues., Oct 2, 12:30)	<input type="checkbox"/> \$33 CAN x _____ (# of tickets)	\$
<input type="checkbox"/> Lunch Boxes <input type="checkbox"/> Wed., Oct. 3 for L02 (Innovation Challenge) <input type="checkbox"/> Thurs., Oct. 4 for L03 (Poster Session) <input type="checkbox"/> Fri., Oct. 5 for L04 (Plenary on Gastronomical Pleasures)	<input type="checkbox"/> \$40 CAN x _____ (# of days)	\$
<input type="checkbox"/> Welcome Reception Note: Full Congress registration includes 1 ticket	<input type="checkbox"/> \$45 CAN x _____ (# of tickets)	\$
<input type="checkbox"/> AURA (Thurs., Oct 4, at 20:00) – Notre-Dame Basilica	<input type="checkbox"/> \$20.70 CAN x _____ (# of tickets)	\$

NB: All purchased tickets will be given to you upon arrival at registration. Details re lunches will be sent by email closer to the event.

Sub Total: \$

C. Special Needs – Please indicate any special needs you may have (e.g. dietary, wheelchair access, etc.)

.....
.....

Grand Total: \$

Please complete both sides of this form.

D. Method of Payment (in Canadian funds)

Grand Total (from previous page): \$ CAN

OPTION 1: CERTIFIED CHEQUE / MONEY ORDER / BANK DRAFT enclosed for the total amount shown above, payable in Canadian funds to "O'Donoghue & Associates re: PAL".

Cheques from outside Canada or the USA must include the complete name and branch/mailling address of Canadian or USA bank through which they may be cashed. Post-dated cheques are not acceptable.

OPTION 2: CREDIT CARD: MasterCard VISA AMEX Discover

CANCELLATION POLICY:

Participants unable to attend the Congress after having paid their registration fees must provide a written request to receive a refund (less 25% administration charges) no later than **August 3, 2018**. Requests received after this date will not be considered. All approved refunds will be issued after the Congress.

I hereby authorize **O'Donoghue & Associates Event Management Ltd.** to debit the "Grand Total" indicated above and I acknowledge having read the cancellation policy.

.....
CREDIT CARD NUMBER

.....
EXPIRY DATE

.....
CVV/CID #

.....
SIGNATURE OF CARDHOLDER

.....
CARDHOLDER NAME

.....
DATE

IMPORTANT: Please note that this transaction will appear on your next statement under "O'Donoghue & Associates." It will reflect the conversion rate at the time of transaction (if applicable). Should there be an error in the sum of the total above, O'Donoghue & Associates reserves the right to charge the correct total Canadian \$ amount.

E. Session Selection

Please select your daily session options and workshop choices in order to help us allocate the appropriate-sized rooms.

Legend of Session Types

S1 to S7: All-Day Seminars (Tuesday)

PL1 to PL5: Plenaries

RF1 to RF3: Research Forums

A01 to G14: Workshops & Proffered Paper Sessions

A01/B01/C01: Seminar: Special Topics in Palliative Care Nursing

A02/B02/C02: Seminar: Pharmacotherapy

A03/B03/C03: Seminar: Research Methodology

D01/E01: Seminar: Hypnotic Language & Suggestions at Bedside

F01/G01: Seminar: Bereavement

RQS1/RQS2/RQS3: Journée scientifique du RQSPAL

L01 to L04: Lunch hour activities

▶ Tuesday, October 2, 2018		1 st choice	2 nd choice
09:00 – 17:30	S1 to S7		
▶ Wednesday, October 3, 2018		1 st choice	2 nd choice
07:45 – 08:45	RF1		—
09:00 – 10:30	PL1	PL1	—
11:00 – 12:30	A01 to A14		
12:40 – 13:50	L02 (Innovation Challenge)		—
14:00 – 15:30	B01 to B14		
16:00 – 17:30	C01 to C14		
▶ Thursday, October 4, 2018		1 st choice	2 nd choice
07:45 – 08:45	RF2		—
09:00 – 10:30	PL2	PL2	—
11:00 – 12:30	D01 to D13, or RQS1		
12:30 – 14:00	L03 (Poster Session)		—
14:00 – 15:30	E01 to E13, or RQS2		
16:00 – 17:30	PL3 or RQS3		
▶ Friday, October 5, 2018		1 st choice	2 nd choice
07:45 – 08:45	RF3		—
09:00 – 10:30	PL4	PL4	—
11:00 – 12:30	F01 to F14		
12:50 – 14:05	L04 (Gastronomical Pleasures)		—
14:30 – 15:30	G01 to G14		
16:00 – 17:30	PL5	PL5	—

Please fax, scan and email, or mail your completed form, along with your payment, to:

PAL 2018 CONGRESS SECRETARIAT

c/o O'Donoghue & Associates Event Management Ltd.

75 chemin Mountain, Mansonville, Québec, Canada JOE 1X0

Tel: +1 450-292-3456 ext. 227 Fax: +1 450-292-3453

E-mail: registration@pal2018.com • Web site: www.pal2018.com

Please complete both sides of this form.