

12TH ANNUAL ADVANCED LEARNING IN PALLIATIVE MEDICINE CONFERENCE

ME8926

May 12-14, 2016

The Downtown Marriott, Ottawa, ON

CONTACT DETAILS

Dr. Urban Rural

Last Name _____ Given Name(s) _____

Address _____

City _____ Prov/State _____ Postal Code _____

Telephone _____ Fax _____

Email (required) _____

CONFERENCE FEES Include course materials, breakfasts, refreshments, lunches, and Opening Reception. Fees do NOT include the Awards Dinner & Social—you can purchase tickets for this event below.

Save \$10 by registering online!	By Mar 3	Mar 4 - May 2	May 3 & On-site
Physician CSPCP Member	\$709	\$769	\$799
Physician Non Member <i>Or register below to join the CSPCP</i>	\$1069	\$1109	\$1159
Residents/Students	\$375	\$425	\$475

CSPCP Membership
You will qualify for the reduced member's rate if you are a member of the CSPCP at the time of registration. To join or renew now, please circle the selected membership to the right. Visit cspcp.ca for criteria and benefits of each of the membership categories, and to update your profile.

- Active Member (\$290)
- Associate Member (\$150)
- Resident/Student Member (\$50)

AWARDS DINNER & SOCIAL, MAY 13
\$80/ticket (full buffet dinner and one drink; not included with registration) _____ ticket(s) @ \$80 each

WORKSHOPS Select workshops from each session and number in order of preference; 1=most preferred

Friday 1030 & 1300 (all except C1 & C2 run twice—you can attend 2 of 6)	A Med Marijuana	B Compassionate Communities	C1 (1030 only) Geriatric Psychiatry	C2 (1300 only) Psych Interventions	D Pall Care in Critical Care	E Frailty	F Home Visits for the Homeless
	G Pall Care in the ED	H Palliative Chemo	I Palliative Certification	J Top Abstracts	K Tips for Teaching		
Saturday 1030 & 1300 (all except N1 & N2 run twice—you can attend 2 of 6)	L Pain Meds for FPs	M Complex Pain Mgmt	N1 (1030 only) Cost of Caring	N2 (1300 only) Mindfulness & Daily Living	O Cardiac Devices & NIV	P De- prescribing	Q Methadone 101

PAYMENT

\$ _____ VISA MC

TOTAL AMOUNT ENCLOSED _____

Name of Cardholder _____ Signature _____

Credit Card Number _____ Expiry Date _____



Easy ways to
Register



ubccpd.ca



604.875.5101



604.875.5078



cpd.info@ubc.ca



UBC CPD
VGH JPPN 3300
910 W 10th Ave
Vancouver BC V5Z 1M9

I am a:

- Family Physician/General Practitioner
- Specialist

Are you a fellow of the Royal College of Physicians and Surgeons of Canada (RCPC)?

- Yes
- No

If yes, please list your specialty:

Personal Information is collected on this registration form pursuant to section 26 of the Freedom of Information and Protection of Privacy Act, RSBC 1996 c. 165. Information is used for the purposes of facilitating the conference and collecting aggregate statistics.

UBC CPD publishes a participant list for the course that includes the participant's name and city. Please check the box below if you DO NOT wish to have your information included on the participant list:

- I DO NOT CONSENT to being on the participant list

All participants registered for UBC CPD courses are included on the contact list for future programs. If you DO NOT wish to be on the contact list, please indicate below.

- I DO NOT wish to be on the UBC CPD contact list

DIETARY REQUIREMENTS / ALLERGIES

Severity: HIGH or LOW, foods can be in the same room, but well labeled

*No refunds or transfers, unless you cancel IN WRITING by Apr 21 for a \$100 fee.