

**Registration Form**

Last (Family) Name

First Name

Title

Organization

Address

City

Province

Postal Code

Phone

Fax

Email address

**Delegate list consent**

A list of delegates to the conference will be made available to all registrants. The list will include name, organization, city, e-mail address and telephone number. Under the Alberta Freedom of Information and Protection of Privacy Act, your consent is required prior to your name being added to the delegates' list. Do you consent to having your name on this list? If an answer is not provided, your name **WILL** appear on the list. Yes  No

**Dietary Restrictions**

Please notify Glenrose Rehabilitation Hospital, Education Services via email at

GRHEdServices@capitalhealth.ca or

call toll-free 1-877-877-8714 a minimum of one month in advance of the event with special dietary restrictions:

None

Vegan

Gluten-Free

Nut Allergy, please specify type: \_\_\_\_\_

Other, please specify: \_\_\_\_\_

As a provider of continuing professional education, the Glenrose Rehabilitation Hospital (GRH) must assure balance, independence, objectivity and scientific rigor in all its sponsored educational activities. All individuals who participate in GRH sponsored events are expected to disclose any significant relationships that may pose a conflict with the principles of balance and independence.

**Hotel Accommodation**

A special rate of \$131.00 (CDN) + tax is available at the Sutton Place Hotel for conference delegates.

When making your reservation, please indicate you are with the Glenrose Rehabilitation Hospital.

The Sutton Place Hotel, 10235 – 101 St. Edm., AB T5J 3E9  
T: 780.428.7111 or 1.866.378.8866

**Registration Fees**

Early Bird (up to February 20, 2009)  \$235

Regular (February 21 — March 6, 2009)  \$270

Full-time Student \*  \$100

Conference registration fees include all conference materials, continental breakfast, lunch and refreshment breaks.

\* Copy of Student ID must accompany registration form and space is limited.

**Method of Payment**

Total Registration Fees Included: \$ \_\_\_\_\_

**Cheque or money order:** payable to **Alberta Health Services**

**VISA**

**MasterCard**

**American Express**

Name on card \_\_\_\_\_

Card Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry Date (mm/yr) \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing, I authorize the use of my credit card. If you pay by credit card, your statement will read **Alberta Health Services**.

**Refund/Cancellation Policy:**

Payment by cheque or credit card must accompany the completed registration form. Cancellations will be accepted until **February 20, 2009**. No refunds will be issued after this date. A \$50 processing fee will be charged for cancellations made on or before **February 20, 2009**.

**Registration Confirmation:**

A letter of confirmation and receipt of payment will be sent via email within five working days of receiving your completed registration form and full payment.

**Freedom of Information and Protection of Privacy Act**

The registration information is collected under the authority of the "Freedom of Information and Protection of Privacy Act".

The information you provide is required to register you in the course, prepare material for your use and will be used to notify you of other courses or pertinent information. Financial information is used to process applicable fees and is not retained for future reference. If you have any questions about the collection or use of this information please call us.

**Please send registration form and payment to:**

Education Services, Glenrose Rehabilitation Hospital  
Room 19, 10230-111 Avenue

Edmonton, AB T5G OB7

T: 780.735.7912 Toll Free: 1.877.877.8714

F: 780.735.7924

E: GRHEdServices@capitalhealth.ca