

Please complete one form per registrant. Please type or print in BLOCK LETTERS, as you would like your information to appear on your badge.

First Name: _____ Last Name: _____
 Title: _____ Organization: _____
 Email: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone Number: _____ Special Needs/Dietary Restrictions: _____

I do not consent to the release of my contact information in the Canadian Home Care Association summit materials.

EDMONTON SUSTAINABLE CARE OCTOBER 16-17 EDMONTON The Sutton Place Hotel	REGISTRATION TYPE	EARLY BIRD RATE* (on or before Sept 29, 2017)	REGULAR RATE* (after Sept 29, 2017)
	Member	\$475 + 5% GST = \$498.75	\$575 + 5% GST = \$603.73
	Non-Member	\$625 + 5% GST = \$652.25	\$725 + 5% GST = \$761.25
	Student (ID provided)	\$350 + 5% GST = \$367.50	\$350 + 5% GST = \$367.50

Request for refunds will NOT be accepted after September 29, 2017.

TORONTO INTEGRATED CARE OCTOBER 30-31 TORONTO Vantage Venues <small>(Formerly St. Andrew's Club & Conference Centre)</small>	REGISTRATION TYPE	EARLY BIRD RATE* (on or before Oct 6, 2017)	REGULAR RATE* (after Oct 6, 2017)
	Member	\$475 + 13% HST = \$536.75	\$575 + 13% HST = \$649.75
	Non-Member	\$625 + 13% HST = \$706.25	\$725 + 13% HST = \$819.25
	Student (ID provided)	\$350 + 13% HST = \$395.50	\$350 + 13% HST = \$395.50

Request for refunds will NOT be accepted after October 6, 2017.

HALIFAX ACCOUNTABLE CARE NOVEMBER 14-15 HALIFAX The Westin Nova Scotian	REGISTRATION TYPE	EARLY BIRD RATE* (on or before Oct 16, 2017)	REGULAR RATE* (after Oct 16, 2017)
	Member	\$475 + 15% HST = \$546.25	\$575 + 15% HST = \$661.25
	Non-Member	\$625 + 15% HST = \$718.75	\$725 + 15% HST = \$833.75
	Student (ID provided)	\$350 + 15% HST = \$402.50	\$350 + 15% HST = \$402.50

Request for refunds will NOT be accepted after Oct 20, 2017

Virtual Delegate ALL LOCATIONS	Virtual Delegate for all locations	\$350
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TOTAL AMOUNT

* Plus applicable taxes _____

PAYMENT INFORMATION: (HST # 132349929)

Visa MasterCard Cheque (payable to Canadian Home Care Association)
 Card Number: _____ Expiry Date: _____ / _____ Security CVD#: _____
 Name on card: _____ Signature: _____

RETURN COMPLETED FORM & PAYMENT TO: Canadian Home Care Association

2000 Argenta Rd. Plaza 3 Suite 302 Mississauga, ON L5N 1W1 Tel: 905-567-7373 summit@cdnhomocare.ca

CANCELLATION POLICY: Cancellations will only be accepted in writing and must be sent to CHCA, 2000 Argenta Rd. Plaza 3 Suite 302 Mississauga, Ontario, L5N 1W1 or by e-mail to: summit@cdnhomocare.ca A \$75 CDN cancellation fee will apply to all eligible refunds. Refunds will be processed after the summit.