

CAEP 2018 Conference Registration

Send completed form to: registrations@caep.ca or fax: 613.523.0190

CAEP2018

STRENGTHENING CONNECTIONS

CALGARY
MAY 26-30



Name: _____

Address: _____

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

Telephone: _____ Email: _____

Designation: _____

2018 Membership Fees - I would like to renew/join CAEP:

- Active (\$490)
 Resident (\$130)
 Associate (\$250)
- Bridge - 1st and 2nd Year Staff Physicians (\$295)
 Student (\$75)

Section A: Registration Fees

FULL CONFERENCE FEES	UNTIL APRIL 9 TH		AFTER APRIL 9 TH	
	MEMBER RATE	NON-MEMBER RATE	MEMBER RATE	NON-MEMBER RATE
Physician	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,640	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,050
Resident	<input type="checkbox"/> \$460	<input type="checkbox"/> \$700	<input type="checkbox"/> \$575	<input type="checkbox"/> \$875
Student	<input type="checkbox"/> \$320	<input type="checkbox"/> \$515	<input type="checkbox"/> \$400	<input type="checkbox"/> \$640
<ul style="list-style-type: none"> • Nurse • Paramedic • Physician Assistant • Research Associate • Pharmacist • Other Allied Health 	<input type="checkbox"/> \$495	<input type="checkbox"/> \$660	<input type="checkbox"/> \$620	<input type="checkbox"/> \$825
DAY RATES	UNTIL APRIL 9 TH		AFTER APRIL 9 TH	
	MEMBER RATE	NON-MEMBER RATE	MEMBER RATE	NON-MEMBER RATE
Physician	<input type="checkbox"/> \$560	<input type="checkbox"/> \$660	<input type="checkbox"/> \$700	<input type="checkbox"/> \$825
Resident	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Student	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175	<input type="checkbox"/> \$125	<input type="checkbox"/> \$225
<ul style="list-style-type: none"> • Nurse • Paramedic • Pharmacist • Physician Assistant • Research Associate • Other Allied Health 	<input type="checkbox"/> \$320	<input type="checkbox"/> \$380	<input type="checkbox"/> \$400	<input type="checkbox"/> \$475
Saturday Only (Resident & Medical Students)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100

*Indicate which day you will be attending: Sunday Monday Tuesday Wednesday

Full conference registration includes the following ticketed events, but pre-registration is required. Please indicate if you will be attending:

- Prospective Med Students/FM Residents Program – Saturday, May 26 & Sunday, May 27
 Current FR/EM Residents Program – Saturday, May 26 & Sunday, May 27
 Welcome Event – Sunday, May 27 from 16:00-20:00

Dietary restrictions: _____

Food allergies: _____



Section B: Optional Tickets

Event	Date	Quantity	Total
Academic Symposium on Leadership Tickets cost \$50 at the door (includes lunch).	Saturday, May 26 12:00 – 16:00	_____ x \$35	\$ _____
Welcome Event Guest Ticket Required for those who are not registered for the full conference.	Sunday, May 27 18:00 – 20:00	_____ x \$40	\$ _____
Docs that Rock Tickets will <u>not</u> be available at the door.	Tuesday, May 29 21:00 – 01:00	_____ x \$35	\$ _____

Section C: Pre-conference CAEP CPD

REGISTRATION CATEGORY	AIME Select Date <input type="checkbox"/> May 25 (MAX 24) <input type="checkbox"/> May 26 (MAX 24)		EMR Act III May 25 & 26 (MAX 50) Two-day		EDTU-X Resuscitation May 26 (MAX 24) #located off site	
	Until April 12	After April 12	Until April 12	After April 12	Until April 12	After April 12
Physician – CAEP Member	<input type="checkbox"/> \$1,445	<input type="checkbox"/> \$1,245	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$1,450	<input type="checkbox"/> \$1,700	<input type="checkbox"/> \$1,800
Physician – Non-Member	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,600	<input type="checkbox"/> \$1,650	<input type="checkbox"/> \$1,750	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,100
Resident – CAEP Member	<input type="checkbox"/> \$1,045	<input type="checkbox"/> \$1,145	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$1,150	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,600
Resident – Non-Member	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,600	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$1,450	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,100
Physician Assistant, Nurse, Paramedic, Pharmacist			<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,350		

Payment Information

Section A: Registration fees	\$	Cancellation and refund policy: caepconference.ca/caep18/registration CAEP will take photos and videos at the conference for the purpose of promotional materials in print, electronic, etc. By attending CAEP 2018, you grant CAEP the right to use your name and photograph for such purposes.
Section B: Optional tickets	\$	
Section C: Pre-conference CPD	\$	
TOTAL	\$	

Cardholder's name _____

Card number (MasterCard or VISA only): _____

Expiry Date: (MM/YY) _____ / _____ Security Code: _____

Signature: _____

A list of conference delegates, including their coordinates, may be distributed to conference attendees and through the conference app. **Do not** include my name and coordinates on the delegate list.

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