

CAEP 2019 Conference Registration

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



CAEP BY THE OCEAN
HALIFAX | MAY 26-29, 2019

Name: _____

Address: _____

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

Email: _____ Telephone: _____

Designation: _____

2019 Membership Fees - I would like to join CAEP:

- Active (\$515)
 Resident (\$140)
 Associate (\$265)
 Bridge - 1st & 2nd year staff physicians (\$310)
 Student (\$90)

Section A: Registration Fees

FULL CONFERENCE FEES	UNTIL APRIL 19		AFTER APRIL 19	
	CAEP MEMBER	NON-MEMBER	CAEP MEMBER	NON-MEMBER
Physician	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,640	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,050
Resident	<input type="checkbox"/> \$475	<input type="checkbox"/> \$700	<input type="checkbox"/> \$575	<input type="checkbox"/> \$875
Student	<input type="checkbox"/> \$330	<input type="checkbox"/> \$512	<input type="checkbox"/> \$400	<input type="checkbox"/> \$640
Nurse Paramedic Pharmacist	Physician assistant Research associate <input type="checkbox"/> \$475	<input type="checkbox"/> \$700	<input type="checkbox"/> \$575	<input type="checkbox"/> \$875

ONE DAY RATE	UNTIL APRIL 19		AFTER APRIL 19	
	CAEP MEMBER	NON-MEMBER	CAEP MEMBER	NON-MEMBER
Physician	<input type="checkbox"/> \$560	<input type="checkbox"/> \$660	<input type="checkbox"/> \$700	<input type="checkbox"/> \$825
Resident	<input type="checkbox"/> \$212	<input type="checkbox"/> \$281	<input type="checkbox"/> \$270	<input type="checkbox"/> \$350
Student	<input type="checkbox"/> \$147	<input type="checkbox"/> \$205	<input type="checkbox"/> \$188	<input type="checkbox"/> \$257
Nurse Paramedic Pharmacist	Physician assistant Research associate <input type="checkbox"/> \$212	<input type="checkbox"/> \$281	<input type="checkbox"/> \$270	<input type="checkbox"/> \$350
Saturday only (residents & 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:

- Medical Student Program – Saturday, May 25 & Sunday, May 26
 Resident Program – Saturday, May 25 & Sunday, May 26
 CAEP AGM (physician members) – Sunday, May 26 from 11:45 – 13:00
 Welcome Event – Sunday, May 26 from 18:00 – 20:00

Dietary restrictions: _____

Food allergies: _____

See page 2 for payment details.

Section B: Optional Tickets

Event	Date	Quantity	Total
Academic Symposium on Education Tickets cost \$35 in advance or \$50 at the door (includes lunch).	Saturday, May 25 12:00 – 16:00	_____ x \$35	\$ _____
Welcome Event Guest Ticket Only required for those who are not registered for the full conference.	Sunday, May 26 18:00 – 20:00	_____ x \$50	\$ _____
Docs that Rock Tickets cost \$35 in advance or \$50 at the registration desk. Tickets will <u>not</u> be available at the door.	Tuesday, May 28 21:00 – 01:00	_____ x \$35	\$ _____

Section C: Pre-conference CAEP CPD

REGISTRATION CATEGORY	Airway Interventions & Management in Emergencies (AIME)		
	Until April 11	After April 11	Select a date:
Physician – CAEP member	\$1,145	\$1,245	<input type="checkbox"/> Saturday, May 24
Physician – non-member	\$1,500	\$1,600	<input type="checkbox"/> Sunday, May 25
Resident – CAEP member	\$1,045	\$1,145	
Resident – non-member	\$1,500	\$1,600	

Payment Information

Section A: Registration fees	\$	Cancellation and refund policy: http://caepconference.ca/registration CAEP will take photos and videos at the conference for the purpose of promotional materials in print, electronic, etc. By attending CAEP 2019, 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. **PLEASE INCLUDE my name and coordinates on the delegate list.**

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