



THANK YOU FOR REGISTERING FOR THE 2015 CONFERENCE. PLEASE **COMPLETE BOTH PAGES OF THE REGISTRATION FORM** IN FULL AND READ AND ACCEPT THE CANCELLATION CLAUSE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE OFFICE AT office@oltcp.ca OR 905-404-9545.

## Cancellation Policy

Cancellations received prior to **SEPTEMBER 25, 2015**, are subject to a **\$60.00 administration fee**. After September 25, 2015, there will be no refunds however delegate substitution can be made until **FRIDAY OCTOBER 9 with no substitution fee**. From **SATURDAY OCTOBER 10, 2015** a \$60.00 delegate substitution fee applies.

I HAVE READ AND ACCEPTED THE CANCELLATION CLAUSE:  YES

## Registration 3 Ways—If you are a student presenting a poster, registration by fax only.

@ **Online:** www.oltcp.ca—Quick & easy and only by credit card

✉ **Mail:** 1143 Wentworth Street W. Suite 202, Oshawa, ON L1J 8P7

📠 **Fax:** 1-905-404-3727—Complete the registration form and fax to number provided. Sessions will **not be confirmed** until payment is received and processed.

## Membership

If you are a current OLTCP or LTCMDAC member, please choose the member rates on page 20. If you are not a member, please choose the non-member rates. If you want to join now and take advantage of the member rates, check the appropriate box under this section or go to www.oltcp.ca and join.

I am a current:  OLTCP member  LTCMDAC member  I am not a member and will choose the non-member rates  I will be joining now

## Delegate Registration

One form per person. Photocopies are accepted.

Status: choose one:  Medical Director  Physician  Pharmacist  Nurse Practitioner  Medical Resident  Other \_\_\_\_\_

Please circle one: Dr. Mr. Mrs. Ms.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Long Term Care Facility Name: \_\_\_\_\_

Address:  Home  Office

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: (please print clearly) \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

## Dietary, Allergies or Other Special Considerations

If requesting Kosher or other special meals which must be brought in from outside the facility, there will be a 'upcharge' to cover additional cost including the cost of delivery.

List here: \_\_\_\_\_

## Concurrent Workshop Selection

Concurrent workshops must be chosen with registration. If you do not choose your sessions, there is no guarantee that your choice will be available onsite due to room capacities.

Please choose one per time slot: - Circle your choices

**SATURDAY OCTOBER 24** **1:00 PM:** 101A 102A 103A 104A 105A 106A 107A 108A 109A 110A 111A

**2:00 PM:** 101B 102B 103B 104B 105B 106B 107B 108B 109B 110B 111B

**SUNDAY OCTOBER 25** **9:45 AM:** 201A 202A 203A 204A 205A 206A 207A 208A 209A 210A 211A

**11:00 AM:** 201B 202B 203B 204B 205B 206B 207B 208B 209B 210B 211B



Please provide your name on this page in order to keep your registration information together.

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

### Choosing Your Registration Fees CIRCLE YOUR CHOICES AND TOTAL

Registration fees are categorized by member fees, non-member fees, resident fees and student fees (see info on student fees below). Members (OLTCP & LTCMDAC) fees include all categories of membership—Regular, Pharmacists and Nurse Practitioners. **Early Bird Fee Applicable to Members Only:** Choose early bird fees if registering before and including September 10 (**Extended to Sep 14**). **Regular Fee Member:** Choose regular fees if registering between September 11 and October 15, inclusive. **Non-members or Medical Residents:** Choose regular fees to October 15. **Late & Onsite Fees:** Choose late & onsite fees if registering from October 16, or any date after and throughout the Conference. *If you are not a member, and want to join now for member fees, please choose this option under Fee Totals.*

Member Early Bird Fees—Best Value!	3 DAY PACKAGE Oct 23—Oct 25	LTCMDAC DAY October 23	OLTCP ONE DAY Oct 24 or Oct 25	ANY TWO DAYS Oct 23, Oct 24, Oct 25	GUEST RECEPTION TICKETS (Only for Guests)
MEMBER EARLY BIRD FEES To Sep 10 (Extended to Sep 14)	\$785.00	\$295.00	\$280.00	\$515.00	
MEMBER REGULAR FEES From Sep 11—Oct 15	\$835.00	\$345.00	\$320.00	\$565.00	
MEMBER LATE & ONSITE FEES From Oct 16—Oct 25	\$935.00	\$445.00	\$420.00	\$665.00	
NON-MEMBER REGULAR FEES To Oct 15	\$930.00	\$440.00	\$415.00	\$660.00	
NON-MEMBER ONSITE FEES From Oct 16—Oct 25	\$1,035.00	\$545.00	\$520.00	\$765.00	
MEDICAL RESIDENTS REGULAR FEES (Proof of Residency Required) To October 15	\$560.00	\$210.00	\$195.00	\$365.00	
MEDICAL RESIDENTS ONSITE FEES (Proof of Residency Required) Oct 16—Oct 25	\$655.00	\$310.00	\$300.00	\$465.00	
STUDENT REGULAR FEES (First 25) To October 15	\$350.00	\$130.00	\$130.00 per day	\$260.00	<b>WHO IS A STUDENT?</b> Postgraduate trainee in Faculty of Medicine or Pharmacy. Other students may be considered on an individual basis. Please contact the office at 905-404-9545
STUDENT ONSITE FEES (First 25) From Oct 16—Oct 25	\$395.00	\$165.00	\$165.00 Per day	\$330.00	
GUEST REGULAR RECEPTION TICKETS (Only for Guests) To October 15					\$25.00
GUEST ONSITE RECEPTION TICKETS (Only for Guests) From Oct 16—Oct 23					\$35.00

**FEES HELD AT  
2014 RATES!**

### Fee Totals (If you are a student presenting a poster—registration by fax only—1-905-404-3727)

I am choosing:  3 DAY PACKAGE    **2-DAYS:**  23 & 24     24 & 25     23 & 25    **1-DAY:**  23     24     25  
*Must select one*

Registration fees as selected ..... \$ \_\_\_\_\_

Guest Reception Ticket—if applicable (Attendees are complimentary—Guests have to purchase a ticket) ..... \$ \_\_\_\_\_

Please provide guest name here: \_\_\_\_\_

OLTCP Membership Fee, Regular, \$250.00 - **Join Now—New Members Only** ..... \$ \_\_\_\_\_

OLTCP Membership Fee, Associate (NP, PHARM, PA), \$200.00 - **Join Now—New Members Only** ..... \$ \_\_\_\_\_

**TOTAL FEES:** ..... \$ \_\_\_\_\_

### Payment

**By credit card: FAX TO 1-905-404-3727:** VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMEX \_\_\_\_\_

*Credit card payments will be processed by Events In Sync, Inc. and your statement will show Events In Sync as the vendor. Events In Sync, Inc. is the managing company for the OLTCP.*

NAME ON CARD: \_\_\_\_\_

NUMBER: \_\_\_\_\_ EXPIRY \_\_\_\_\_ CVN \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**By Mail:** With cheque payable to: **Ontario Long Term Care Physicians, 1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7**

### Questions?

OLTCP Office: T: 905-404-9545; office@oltcp.ca