



REGISTERED and RETIRED RESPIRATORY THERAPISTS REGISTRATION FORM
2017 CSRT ANNUAL EDUCATION CONFERENCE – MAY 11 - 13, 2017 – HALIFAX, NS

CONTACT INFORMATION

Last name:	First name:
CSRT or NSCRT Member? <input type="checkbox"/> YES <input type="checkbox"/> NO CSRT or NSCRT #:	DIETARY RESTRICTIONS or FOOD ALLERGIES Please specify: <i>* It is your responsibility to identify yourself to the server concerning dietary requirements.</i>
Address:	Email:
City:	Preferred Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Province: Postal Code:	Current Employer:

FULL CONFERENCE REGISTRATION

<input type="checkbox"/> FULL REGISTRATION – Thursday May 11th to Saturday May 13th Includes (1) ticket for Welcome Reception + (1) ticket for Presidents' Banquet You MUST make a selection for Thursday's program and confirm social event tickets below! CSRT or NSCRT Member \$425 / Non-Member \$525 \$ _____
<input type="checkbox"/> RETIRED RT FULL REGISTRATION – Thursday May 11th to Saturday May 13th Includes (1) ticket for Welcome Reception You MUST make a selection for Thursday's program and confirm social event tickets below! Member/Non-Member \$100 \$ _____

DAILY REGISTRATION

<input type="checkbox"/> Thursday, May 11th Make selection below!	<input type="checkbox"/> CSRT or NSCRT member \$210	<input type="checkbox"/> Non-member \$310	TOTAL: \$ _____
<input type="checkbox"/> Friday, May 12th	<input type="checkbox"/> CSRT or NSCRT member \$210	<input type="checkbox"/> Non-member \$310	\$ _____
<input type="checkbox"/> Saturday, May 13th Make selection below!	<input type="checkbox"/> CSRT or NSCRT member \$210	<input type="checkbox"/> Non-member \$310	\$ _____

THURSDAY & SATURDAY PROGRAM SELECTION – Workshops included in FULL Registration and Daily Thursday and Saturday Registrations

Thursday, May 11th: Choices: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

A. Leadership Forum (Full Day)	B. Educators' Forum (Full Day)
C. Students' Forum (Full Day)	D. Paediatric and Neonatal Care Workshop: Caring with Confidence (Full Day: 9am-4:30pm) (Max. 20 participants)
E. Proportional Assist Ventilation: A Practical Workshop for Using the PAV+ Software (Half Day: 1pm-5pm) (Max. 100 participants)	F. Non-Invasive Ventilation: From Hospital to Home Environments (Half Day: 12:30pm-4pm) (Max. 40 participants)

Saturday, May 13th: Choices: 1st Choice: _____ 2nd Choice: _____

A. Plenary (Full Day)	B. APRV as a Therapeutic Tool to Reduce ARDS Incidence (Full Day: 9am-4:30pm) (Max. 100 participants)
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SOCIAL EVENTS – Select tickets here ** Tickets will only be issued for items you select **

<input type="checkbox"/> Thursday - Welcome Reception Will you attend? <input type="checkbox"/> YES <input type="checkbox"/> NO 1 ticket included in price of Full RT and Retired Conference Registration	<input type="checkbox"/> _____ Additional Tickets x \$15 \$ _____
<input type="checkbox"/> CSRT & Roxon Fun Night Event Will you attend? <input type="checkbox"/> YES <input type="checkbox"/> NO 1 ticket included in price of Full RT and Retired Conference Registration – Max 250 participants	No additional tickets available
<input type="checkbox"/> Saturday – Presidents' Banquet Will you attend? <input type="checkbox"/> YES <input type="checkbox"/> NO 1 ticket included in price of Full RT Conference Registration Only	<input type="checkbox"/> _____ Additional Tickets x \$75 \$ _____

PAYMENT

Refund policy: 50 % REFUND BEFORE APRIL 22, 2017 – NO REFUND AFTER APRIL 22, 2017. Registrations will only be completed once payment has been received. Taking advantage of the Register 4 for the price of 3 promo? All forms must be received together.	SUBTOTAL Conference Registration Fee: \$ _____ Additional Tickets: \$ _____ Tax (15%) \$ _____
Signature: _____ Date: _____	= TOTAL \$ _____
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Canadian Money Order <input type="checkbox"/> Canadian Cheque (Please make cheques or money orders payable to CSRT. \$25 fee for NSF items)	GST/HST # 119220010 QST # 1217647823
Credit Card:	Expiry:
Signature:	Date: