



2018

PROVINCIAL CONFERENCE

Wascana Rehabilitation Centre /Auditorium

2180 23rd Ave., Regina, SK S4S 0A5

April 27, 2018

CARING ACROSS THE SEASONS

REGISTRATION

Delegate Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Organization: _____

Title: _____

Phone No: _____ Cell No: _____

Email: _____

Conference Registration

Total Fee: **\$155.00**

PAYMENT INFORMATION: Cheque _____ Credit Card _____

Card No: _____ Exp. Date ____/____

Card ID#: _____
(3-digit number on back of card)

Card Holder's Name: _____

Signature: _____

Date: ____/____/____
mm/dd/yyyy

IMPORTANT INFORMATION

Registration fees are payable by cheque or credit card (VISA/MasterCard). An invoice will be issued upon receipt of your completed registration form and full payment. Any refund requests prior to April 13, 2018 will be charged 15% of the total fee. No refunds after April 13, 2018. Registration is transferrable.

Please return this completed form with payment by scanning and emailing to:

info@saskpalliativecare.org

By mail to:

SHPCA – 2018 Conference

PO Box 37053 RPO Landmark

Regina, SK S4S 7K3

Tel: (306) 584-2526