

REGISTRATION & PAYMENT

PEDIATRIC SLEEP DAY 2014 Friday April 4th, 8:00am – 4:45pm

YOUTHDALE BRAIN DEVELOPMENT & BEHAVIOUR DAY Saturday April 5th, 8:30am – 4:45pm

LOCATION: Holland Bloorview Kids Rehabilitation Hospital, 150 Kilgour Rd, Toronto, Conference Room (Rm 1E200-1E201)

To register, please complete the form below. One form per registration (form can be photocopied).

Email/Fax forms to **Dr. Sharon Chung** (sachung@uhnresearch.ca; fax: 416-603-5292)

Biographic Information: *Please type or print clearly.*

Name: E-mail:

Institution/Clinic:

Address:

City: Province/State: Postal/Zip Code:

Phone: Fax:

Registration: *Please CHECK (X) APPROPRIATE BOX BELOW. Please type or print clearly*

2-DAY REGISTRATION (BOTH FRIDAY APRIL 4TH AND SATURDAY APRIL 5TH)

INCLUDES **BOTH** PEDIATRIC SLEEP DAY **AND** YOUTHDALE BRAIN DEVELOPMENT & BEHAVIOUR DAY

<i>PLEASE PICK ONE REGISTRATION CATEGORY BELOW</i>	ON/BEFORE <small>MIDNIGHT MAR 14TH</small>	MAR 15TH TO <small>MIDNIGHT APR 2ND</small>	ONSITE (CASH ONLY)
<input type="checkbox"/> INDIVIDUAL REGISTRATION	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250
<input type="checkbox"/> TELEHEALTH (OTN) REGISTRATION*	<input type="checkbox"/> \$230	<input type="checkbox"/> \$255*	N/A
<input type="checkbox"/> WEB CASTING REGISTRATION*	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225*	N/A
<input type="checkbox"/> INDIVIDUAL REGISTRATION BY SLEEP TECHNICIAN	<input type="checkbox"/> \$120	<input type="checkbox"/> \$145	<input type="checkbox"/> \$170
<input type="checkbox"/> INDIVIDUAL REGISTRATION BY RESIDENT OR FELLOW	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150
<input type="checkbox"/> INDIVIDUAL REGISTRATION BY STUDENT	<input type="checkbox"/> \$60	<input type="checkbox"/> \$85	<input type="checkbox"/> \$110

1-DAY REGISTRATION (EITHER FRIDAY APRIL 4TH OR SATURDAY APRIL 5TH)

EITHER PEDIATRIC SLEEP DAY **OR** YOUTHDALE BRAIN DEVELOPMENT & BEHAVIOUR DAY

<i>PLEASE PICK ONE REGISTRATION CATEGORY BELOW</i>	ON/BEFORE <small>MIDNIGHT MAR 14TH</small>	MAR 15TH TO <small>MIDNIGHT APR 2ND</small>	ONSITE (CASH ONLY)
<input type="checkbox"/> INDIVIDUAL REGISTRATION	<input type="checkbox"/> \$110	<input type="checkbox"/> \$135	<input type="checkbox"/> \$160
<input type="checkbox"/> TELEHEALTH (OTN) REGISTRATION*	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150*	N/A
<input type="checkbox"/> WEB CASTING REGISTRATION*	<input type="checkbox"/> \$110	<input type="checkbox"/> \$135*	N/A
<input type="checkbox"/> INDIVIDUAL REGISTRATION BY SLEEP TECHNICIAN	<input type="checkbox"/> \$70	<input type="checkbox"/> \$95	<input type="checkbox"/> \$120
<input type="checkbox"/> INDIVIDUAL REGISTRATION BY RESIDENT OR FELLOW	<input type="checkbox"/> \$60	<input type="checkbox"/> \$85	<input type="checkbox"/> \$110
<input type="checkbox"/> INDIVIDUAL REGISTRATION BY STUDENT	<input type="checkbox"/> \$40	<input type="checkbox"/> \$65	<input type="checkbox"/> \$90

♣ **DEADLINE** for receipt of Telehealth or Web Casting Registrations is **midnight Wednesday March 26th**.

ONSITE attendance is absolutely limited to 125 people. Register early to avoid having to be turned away!

Payment:

We accept payment by **cheque or cash** (Canadian currency only), **money order** or **VISA/Master Card credit cards** (below).

METHOD OF PAYMENT: VISA MASTER CARD CHEQUE MONEY ORDER CASH

CREDIT CARD: NUMBER: EXPIRY: MM: YY:

SECURITY CODE [¥]: CARDHOLDER'S SIGNATURE: _____

In signing this form, I confirm my agreement with the Terms and Conditions listed below.

CARDHOLDER'S NAME: PHONE #:
(PRINTED as appears on the card)

[¥] 3 or 4-digit final group of numbers printed either on the back signature panel or the front side of the card above the number.

Registration fee includes onsite continental breakfast, coffee break & lunch.

Note: There is no limit to the number of attendees at each Telehealth Site or each computer logged into Web Casting.

BUT: Meals, Conference Bags and other Give-Aways are available ONLY to ONSITE attendees.

TERMS AND CONDITIONS:

- To qualify for **Early Bird Registration**, both the Registration Form and Payment must be received before the deadline of midnight March 14th.
- **DEADLINE** for receipt of e-mailed, faxed or mailed Registrations is **midnight Wednesday April 2nd**.
- **CASH ONLY** payments for onsite registrations.
- **Credit card statement will list the Youthdale Child & Adolescent Sleep Centre as Vendor.**
- **There is a \$30 fee (\$30 will be deducted from the refund) for cancellation of registration. NO refunds will be made after midnight March 18th.**
- Please make cheques payable to: **Toronto Sleep Research Laboratory Inc.** Completed forms and cheques can be mailed to: Dr. Sharon Chung, Toronto Western Hospital, UHN, 399 Bathurst Street, 7 Main – 429, Toronto, ON, M5T 2S8.
- Please DO NOT send cash through the mail – only Credit Card, Cheque or Money Order.
- American Academy of Sleep Technician members: The necessary attendance information will be sent to the AAST but it is your responsibility to check that your AAST credits have been updated accordingly.
- For ease of e-mailing, this form can be completed, signed and scanned and sent by e-mail to: **sachung@uhnresearch.ca**