

# PEDIATRIC SLEEP DAY 2019 REGISTRATION & PAYMENT FORM

**DATE: Friday, OCTOBER 18, 2018**

**TIME: 8:00 AM TO 5:00 PM**

**LOCATION: Giovanni room, Chestnut Residence and Conference Centre, 89 Chestnut Street, Toronto, ON, M5G 1R1.**

To register, please complete this entire form for **each** individual or Telehealth / Web Casting site.

For convenience, the form may be completed electronically in Acrobat Reader – just click on the blank fields, type your information, and save.

The form may also be printed, filled out manually, then scanned and e-mailed, faxed, or mailed.  
**E-mail / Fax** completed forms to: Dr. Miqdad Bohra or Dr. Azmeh Shahid (pediatricsleep@gmail.com / fax: 416 703 0507)

**Mail / courier** completed forms to: **Dr. Miqdad Bohra**, Pediatric Sleep Day, Youthdale Child and Adolescent Centre, lower level II, 227 Victoria St, Toronto, Ontario.

**BIOGRAPHIC INFORMATION:** *Please type or print clearly. Illegible forms will be returned & may impact discount rates.*

	Dr.		Mr.		Ms.		<b>Name:</b>		
<b>Institution</b>									
<b>E-mail:</b>						<b>AAST # (if applicable):</b>			
<b>Address:</b>									
<b>City:</b>					<b>Province/State:</b>			<b>Postal / Zip Code:</b>	
<b>Phone:</b>					<b>Fax:</b>				

**REGISTRATION:** *Please CLICK / CHECK the appropriate boxes below. All amounts are in Canadian \$. Please type or print clearly. Illegible forms will be returned and may jeopardize discount rates.*

Select <b>ONE</b> registration category below	Before midnight 30 <sup>th</sup> Sept	Sept 30 <sup>th</sup> to 11 <sup>th</sup> Oct	Onsite
<b>Individual registration (physician/dentist)</b>	<b>\$200</b>	<b>\$225</b>	<b>\$250</b>
<b>Individual registration (technologist)</b>	<b>\$100</b>	<b>\$125</b>	<b>\$150</b>
<b>Individual registration (fellow/resident)</b>	<b>\$75</b>	<b>\$90</b>	<b>\$100</b>
<b>Individual registration (student)</b>	<b>\$60</b>	<b>\$80</b>	<b>\$90</b>
<b>Telehealth (OTN) Registration</b>	<b>\$175</b>	<b>\$200</b>	<b>NA</b>
<b>Web Casting Registration</b>	<b>\$175</b>	<b>\$200</b>	<b>NA</b>

Registration fee for **onsite attendees** includes continental breakfast, coffee breaks, lunch, CME credit, and conference giveaways. Onsite attendance is absolutely limited to 100 people. **The first 50 registrants will receive 6 educational books from the Youthdale Series on sleep related issues.**

**For Telehealth and Web Casting participants:** A registration form for **each** site must be received; however, there is **no limit** to the number of attendees at each of these registered locations.

**NOTE:** a **fee** will apply to **each** Telehealth/Web Casting attendee who wishes to obtain **CME credit**. Please **include** this fee with your registration payment (**see page 2 for fee schedule**). You will receive a form with your registration confirmation e-mail requesting the names of the individuals requesting CME credit.

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**CME CREDIT FEE FOR TELEHEALTH AND WEB CASTING PARTICIPANTS ONLY:**

Please input the number of participants requesting CME Credit. All amounts are in **Canadian \$**. **PLEASE INCLUDE THIS FEE WITH YOUR REGISTRATION FEE PAYMENT.**

Date of submission	Fee per attendee	# Attendees	Total
Before midnight Oct 14 <sup>th</sup> 2019	\$25		
Between 14 <sup>th</sup> & 18 <sup>th</sup> Oct 2019	\$40		

**NOTE:** Last-minute remote attendees who are not included above on this form can also receive CME credit. However, the higher CME fee of \$40 will apply. Remote sites will be provided with a form to record and pay for any last-minute attendees.

**REGISTRATION PAYMENT (FOR ALL ONSITE, WEBCASTING OR TELEHEALTH REGISTRANTS):**

We accept payment by e-transfer, cheque, cash, or Visa/Master Card credit card.

Payments must be in **Canadian funds**. Please **CLICK / CHECK (X)** the appropriate box below.

<b>E-transfer</b>	<b>E-transfer/ Interac-transfer is preferred by using email: <a href="mailto:peditricssleep@gmail.com">peditricssleep@gmail.com</a></b>
Cheque	<b>Please make cheques/money orders payable to: Toronto Sleep Research Laboratory Inc.</b> Cheques/money orders may be <b>mailed</b> to <b>Dr. Miqdad Bohra</b> , Pediatric Sleep Day, Lower Level II, 227 Victoria St, Toronto, Ontario M5B 1T8.
Cash	PLEASE DO NOT MAIL CASH. Hand-deliver only to Dr. Miqdad Bohra or Dr. Azmeh Shahid. <b>NOTE: if registering on-site on October 18th, only CASH will be accepted.</b>
Credit card	PLEASE COMPLETE THE SECTION BELOW. Only VISA or MasterCard are accepted. The vendor shown on your credit card statement will be Youthdale Child and Adolescent Sleep Centre

Please complete this section for all visa or mastercard payments

Credit card number		Expiry		MM		YY
Card holder name		Security code*				
Card holder signature					Mastercard	
					Visa	
<i>In signing this form, I confirm my agreement to the charges and to the Terms and Conditions below</i>						

VISA & MC: 3-digit code (CVV) in signature panel on back of the card immediately after the card's account number;

**NOTE: We can only accept credit cards issued in Canada or the United States.**

**TERMS AND CONDITIONS:**

- To qualify for the Early Bird Registration, both the completed **Registration Form** and **full/confirmed Payment** must be received before the deadline of **midnight Monday, September 30<sup>th</sup>**.
- The deadline for **receipt** of e-mailed, faxed, or mailed Registration Forms is **midnight Monday, October 14<sup>th</sup>**. Forms received after that date will not be accepted and registration will **ONLY** be accepted onsite in **CASH** and at the **ONSITE** rate.
- There is a **Registration Cancellation Penalty of 50% of the Registration Fee to a maximum of \$50** (fee deducted from the refunded amount). **NO refunds will be issued if the cancellation is made after midnight, Friday, September 30<sup>th</sup>**.
- Meals, conference bags, and other giveaways are available **only** to onsite attendees.
- **American Association of Sleep Technologists 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.