

## REGISTRATION & PAYMENT

**YOUTHDALE BRAIN DEVELOPMENT & BEHAVIOUR DAY Thursday March 26<sup>th</sup>, 8:00am – 4:15pm**

**PEDIATRIC SLEEP DAY 2015 Friday March 27<sup>th</sup>, 8:00am – 5:00pm**

**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. Manoj M. Enjati (menjati@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. All illegible forms will be sent back and may jeopardize discount rate.*

**2-DAY REGISTRATION (BOTH THURSDAY MARCH 26<sup>TH</sup> AND FRIDAY MARCH 27<sup>TH</sup>)**

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

PLEASE PICK <b>ONE</b> REGISTRATION CATEGORY BELOW	ON/BEFORE MIDNIGHT FEB 15 <sup>TH</sup>	FEB 16 <sup>TH</sup> TO MIDNIGHT MAR 15 <sup>TH</sup>	ONSITE (CASH ONLY)
<input type="checkbox"/> <b>INDIVIDUAL</b> REGISTRATION	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
<input type="checkbox"/> <b>TELEHEALTH (OTN) REGISTRATION*</b>	<input type="checkbox"/> \$230	<input type="checkbox"/> \$345*	N/A
<input type="checkbox"/> <b>WEB CASTING REGISTRATION*</b>	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300*	N/A
<input type="checkbox"/> INDIVIDUAL REGISTRATION BY <b>SLEEP TECHNICIAN</b>	<input type="checkbox"/> \$120	<input type="checkbox"/> \$180	<input type="checkbox"/> \$240
<input type="checkbox"/> INDIVIDUAL REGISTRATION BY <b>RESIDENT OR FELLOW</b>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200

**1-DAY REGISTRATION (EITHER THURSDAY MARCH 26<sup>TH</sup> OR FRIDAY MARCH 27<sup>TH</sup>)**

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

PLEASE PICK <b>ONE</b> REGISTRATION CATEGORY BELOW	ON/BEFORE MIDNIGHT FEB 15 <sup>TH</sup>	FEB 16 <sup>TH</sup> TO MIDNIGHT MAR 15 <sup>TH</sup>	ONSITE (CASH ONLY)
<input type="checkbox"/> <b>INDIVIDUAL</b> REGISTRATION	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
<input type="checkbox"/> <b>TELEHEALTH (OTN) REGISTRATION*</b>	<input type="checkbox"/> \$125	<input type="checkbox"/> \$200*	N/A
<input type="checkbox"/> <b>WEB CASTING REGISTRATION*</b>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150*	N/A
<input type="checkbox"/> INDIVIDUAL REGISTRATION BY <b>SLEEP TECHNICIAN + STUDENTS</b>	<input type="checkbox"/> \$70	<input type="checkbox"/> \$125	<input type="checkbox"/> \$225
<input type="checkbox"/> INDIVIDUAL REGISTRATION BY <b>RESIDENT OR FELLOW</b>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$225

\* **DEADLINE** for receipt of Telehealth or Web Casting Registrations is **midnight Thursday, March 12<sup>th</sup>**.  
 ONSITE attendance is absolutely limited to 150 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 <sup>℥</sup>:  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)

<sup>℥</sup> 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:**

- **DEADLINE** for receipt of e-mailed, faxed or mailed Registrations is **midnight Sunday, March 15<sup>th</sup>**.
- **CASH ONLY** payments for onsite registrations.
- **Credit card statement will list the Youthdale Child & Adolescent Sleep Centre as Vendor.**
- **There is a \$50 fee (\$50 will be deducted from the refund) for cancellation of registration. NO refunds will be made after midnight March 13<sup>th</sup>.**
- 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: **menjati@uhnresearch.ca**