

PEDIATRIC SLEEP DAY 2022 REGISTRATION & PAYMENT FORM

DATE: Saturday, November 12th

TIME: 8:00 AM TO 5:00 PM

LOCATION: Online via Video Conferencing/ Webcasting

To register, please complete this entire form for **each** individual or site.

The form can be submitted as a soft copy or be printed and filled out manually, then scanned and e-mailed.

E-mail completed forms to: Aarish Siddiqui (he/him) at pediatricssleep@gmail.com

Faxed completed forms to the attention of Aarish Siddiqui at Fax: 416 703 0507

BIOGRAPHIC INFORMATION: *Please type or print clearly.*

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

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.

<input type="checkbox"/> Select ONE registration category below	
<input type="checkbox"/> Individual registration (physician/dentist)	\$100
<input type="checkbox"/> Individual registration (technologist)	\$50
<input type="checkbox"/> Individual registration (fellow/resident)	\$50
<input type="checkbox"/> Individual registration (student)	\$50
<input type="checkbox"/> *Remote Site	\$100

***Remote site registration allows for 2 non-physician professionals to apply for CME. Additional participants require an additional fee as above**

REGISTRATION PAYMENT

We accept payment by e-transfer, cheque, or cash.

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

E-transfer	E-transfer/ Interac-transfer is preferred by using email: pediatricssleep@gmail.com
Cheque	Cheques can be made in the name of "Youthdale Child and Adolescent Sleep Center", addressed to Youthdale Child and Adolescent Sleep Center, 227 Victoria Street, Toronto, ON, Canada, M5B 1T8
Cash	Can be given in person to Inna Voloh or Merlin Thomas at Youthdale Child and Adolescent Sleep Center
Credit Card	Please complete the section below. Only Mastercard and Visa accepted.

Credit Card Number		Expiry		MM		YY	
Card Holder Name				Security Code 3 digits on back of card			Postal/Zip 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**

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TERMS AND CONDITIONS:

➤ There is a **Registration Cancellation Penalty of 20% of the Registration Fee to a maximum of \$20** (fee deducted from the refunded amount) **if cancellations are made before 31st October 2022. NO refunds will be issued if the cancellation is made after midnight, Monday, October 31st, 2022.**