

Conference Registration Form



First 200 registrants will be entered in a draw to WIN an 8 GB iPod touch™ and a Samsung SMX F40 camcorder!



Registration fees (HST included):

- Early bird: \$112 (before May 10, 2011)
- Regular: \$168 (after May 10)
- Student: \$56 (ID required upon registration)
- On-site registration: \$280

A. Attendee Information

Check this box if you agree to have your name, organization, and address in the conference syllabus. No other personal information will be included.

Dr. Mr. Ms.

First Name(s): _____ Last Name: _____ Professional Designation (PT, OT, KIN, etc.): _____

Job Title: _____ Organization: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Special Needs (please indicate if you have food allergies or need special physical accommodations):

B. Concurrent workshop selection (choose one topic for the morning and two for the afternoon):

Morning:
10:05–10:55

- Current Concepts in the Assessment and Management of Concussion in Sports* by Dr. Navin Prasad
- Disability Management Approach to Mental Health Disability* by Dr. Henry Harder
- Provider Portal Update* by Andrew Montgomerie

Afternoon:
1:00–1:50

- A Logical Approach to Back Pain* by Dr. Hamilton Hall
- Personality Disorder in Clinical Practice: How to Assess and Manage Patients With “Difficult” Personalities in Rehabilitation Settings* by Dr. Stephen Hart
- How Science Informs Policy* by Susan Hynes

Afternoon:
1:55–2:45

- Conservative Management of Lateral Epicondylalgia* by Dr. Alex Scott
- Considerations in Treating Suicidality* by Dr. John Wagner
- Unsticking the Stuck Client* by Jason Parker

C. How did you hear about this conference?

- Email
- Website
- Other _____
- Post card
- Word of mouth

D. Payment Method (registrations are not confirmed until payment is received)

- Credit card:
 - cheque (payable to WorkSafeBC)
- Card number: _____ Expiry date: _____

Registration Method

Registration closes on May 27, 2011

Fax

Fax us at 604 233-4075 to register using VISA or MasterCard. Please use dark ink to complete the form.

Mail

Mail your registration form with your cheque (payable to WorkSafeBC) or credit card details to:

WorkSafeBC
Attention: Christine Lynn
Health Care Services Dept.
6951 Westminster Highway
Richmond, B.C. V7C 1C6

Refunds and Cancellation

Cancellation Policy

Notice of cancellation must be received before May 7, 2011. After this date, request for refunds will not be granted, but substitutes are always welcome. Cancellations before May 7, 2011 will be subjected to a refund less 50%. No-shows will not receive a refund.

Contact Information

Registration inquiries:

Christine Lynn
Phone: 604 276-3329 or 1 866-244-6404 press '0'.