



REGISTRATION FORM
APPHON/ROHPPA ANNUAL MEETING &
Hematology Session
IWK HEALTH CENTRE, HALIFAX, NS
November 16, 17 & 18, 2017

Name/Address: _____

Phone: _____ Fax: _____

E: Mail: _____ Profession: _____

Affiliated Hospital/Organization: _____

To help facilitate conference planning, please indicate your attendance:

Thursday, November 16/17:

Hematology Session ½ day 1-5 pm (\$25) Yes [] No []

Friday, November 17/17:

APPHON/ROHPPA Supportive Care Conference (\$25) Yes [] No []

Saturday, November 18/17:

APPHON/ROHPPA Supportive Care Conference (\$25) Yes [] No []

Do you have any food restrictions or allergies (please specify): _____

Is a hotel room required: Yes [] No [] Number of nights required: _____

Specify Nights required: [] Thursday [] Friday

Sharing accommodations with whom: _____

If accommodations are not shared, participant will agree to pay half of the cost of the room.

Please return form & cheque made out to **IWK Health Centre** by **October 20, 2017** to:

Kristy MacDonnell, APPHON/ROHPPA, c/o IWK Health Centre, 5850 University Avenue,

P.O. Box 9700, 6th Floor Link, Room #610, Halifax, NS B3K 6R8

Fax registration form: (902)470-6510

To pay by Credit Card:

Name on Card: _____

Card # _____ **VISA / MC / Amex (please circle)** **Expiry Date:** _____

Registration fee is \$25.00 for the Hematology Session (1/2 day)

\$25.00 for each day of the APPHON/ROHPPA Conference

& must accompany registration form.

Hotel reservations will not be made until registration is received.

***Any questions, please contact Kristy MacDonnell by phone (902)470-3842 or by**

E-mail: kristy.macdonnell@iwk.nshealth.ca

APPHON/ROHPPA will help support registrants residing further than 100 km with mileage/hotel room costs.

APPHON/ROHPPA supplies food for the conference. Outside meals will not be reimbursed by APPHON/ROHPPA.

Please note: 48 hours required for reimbursement of fees.