



REGISTRATION FORM
APPHON/ROHPPA ANNUAL MEETING
& Hematology Session
IWK HEALTH CENTRE, HALIFAX, NS
May 9, 10, 11, 2019

Name/Address: _____

Phone: _____ Fax: _____

Email: _____ Profession: _____

Affiliated Hospital/Organization: _____

To help facilitate conference planning, please indicate your attendance:

Thursday, May 9, 2019:

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

Friday, May 10, 2019:

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

Saturday, May 11, 2019:

APPHON/ROHPPA 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.**

3 payment methods: Check one

Credit card: Cheque: IWK employees: cost centre _____

Please return form & cheque made out to **IWK Health Centre** by **Friday, April 5th, 2019** to:

Schoel Strang, APPHON/ROHPPA, c/o IWK Health Centre, 5850 University Avenue,
PO Box 9700, 6th Floor Link, Room #610, Halifax, NS B3K 6R8

Fax registration form to: (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 Schoel Strang by phone (902) 470-3842 or by**

Email: schoel.strang@iwk.nshealth.ca

*APPHON/ROHPPA will help support non-physician 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.*