REGISTRATION FORM – IN PERSON ATTENDANCE
IWK HEALTH CENTRE, HALIFAX, NS
November 2 - 4, 2023

DALHOUSIE UNIVERSITY

Name & Organization: _____

Email: _____

Profession: _____

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$25.00/day Registration Fee

Please indicate which days you plan to attend:

Thursday, November 2:
   Hematology Session ½ day 1-4:30p   **Yes   No**

Friday, November 3:   **Yes   No**

Saturday, November 4:   **Yes   No**

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

Is a hotel room required?   **Yes   No**

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.
Hotel reservations will not be made until registration is received*

REGISTRATION DEADLINE for IN-PERSON ATTENDANCE is OCTOBER 3, 2023

Credit Card or IWK employees Cost Center: _____

(Please highlight one) VISA / MC / Amex

Name on CC: _____ **Card Number:** _____ **EXP Date:** _____

Total Balance Due: $_____

Any questions, please contact **carol.digout@iwk.nshealth.ca (902) 470-7429**

Please return form to **schoel.strang@iwk.nshealth.ca**

APPHON/ROHPPA will 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.