

REGISTRATION FORM – VIRTUAL ATTENDANCE

Via Microsoft Teams

APPHON/ROHPPA ANNUAL Conference IWK Health Centre, Halifax NS

Name:

November 2-4, 2023

Phone:	Email: _	
Affiliated Hospital/Organ	ization:	
Profession:		
******	*******	********
	\$25.00/day registration	fee.
Please indicate which days you	olan to attend:	
Thursday, November 2:		
Hematology Session ½ day 1	-4:30pm Yes□ No□	
Friday, November 3:	Yes □ No □	
Saturday, November 4:	Yes□ No□	
REGISTRATION DEADI	INE for VIRTUAL ATTENDANC	E is October 20, 2023
Credit Card or	IWK employees: Cost Center	
	(Please circle) VISA/MC/Am	ex
ne on CC:	Card Number:	EXP Date:

The conference will be offered virtually via *Microsoft Teams*.

A meeting invitation with details will be sent to all registrants.

*Please note, if you require confirmation of attendance, you MUST register.

Any questions, please contact Carol Digout at (902) 470-7429

carol.digout@iwk.nshealth.ca

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