

REGISTRATION - please circle your option(s)

CAPL GST number:
80968 5290 RT0001

PRE-CONFERENCE SEMINAR # 1 (Sunday AM) Space is limited, register early!

A Forensic Psychiatrist's Guide to Understanding Psychological Assessment

Member \$194,25

Non-Member \$246,75

PRE-CONFERENCE SEMINAR # 2 (Sunday PM) Space is limited, register early!

Civil Forensic Psychiatry in the Era of an Aging Population and the DSM-5: Clinical Negligence, Disability Claims and Some Related Issues

Member \$194,25

Non-Member \$246,75

ANNUAL CONFERENCE

Full registration includes:

Access to all program sessions, one ticket for the welcome reception and one ticket per Lunch Presentations

| <u>INCLUDES 5% GST</u> | before Jan. 13 | from Jan 14 to March 9 | after March 9 |
|---|-------------------|---------------------------|------------------|
| MD - Member | \$472,50 | \$577,50 | \$630,00 |
| MD - Non-Member | \$577,50 | \$682,50 | \$735,00 |
| Non-MD - Member | \$341,25 | \$393,75 | \$446,25 |
| Non-MD - Non-Member | \$420,00 | \$472,50 | \$525,00 |
| <small>*Allied Health workers/lawyers</small> | | | |
| Resident/Student | \$131,25 | \$183,75 | \$236,25 |
| Accompanying person | \$131,25 | \$131,25 | \$131,25 |
| Daily Registration | \$262,50 | \$315,00 | \$341,25 |
| Please specify: _____ | | | |

Participant

Name _____

Email _____

Food restriction (please specify) _____

Phone _____

City, Province to appear on your badge _____

Accompanying person (if applicable)

Name _____

Food restriction (please specify) _____

PAYMENT OPTIONS

CHEQUE: Please make your cheque **PAYABLE TO CAPL** and send it back with your registration form to:

Goddard Communications (CAPL2017) 803, 30^e rue, Ste-Barbe, QC J0S 1P0

CREDIT CARD: Please complete the next page and fax both pages to **Goddard Communications** at **1.450.373.7756**. You can also email them at **cgoddard@goddardcom.com** or mailed them to the address above.

CREDIT CARD AUTHORIZATION

Canadian Academy of Psychiatry and the Law (CAPL)

Registration Fee: 22nd CAPL Annual Conference and/or Pre-Conference Seminars - March 12-15, 2017

Participant: _____

Name on Credit Card: _____

Type of Credit Card (please circle one): Visa Master Card

Credit Card Number: _____

Expiration Date: _____ (MM/YYYY)

CVV Number (3-digit number on the back of the card): _____

Billing address: _____

Amount: _____

Signature of Card Holder _____

Date: _____