

**REGISTRATION - please circle your option(s)**

CAPL GST number:  
80968 5290 RT0001

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

Managing Person-in-Charge Responsibility in Relation to Review Boards: Perspectives from Three Provinces

Member ..... \$194.25

Non-Member ..... \$246.75

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

Principles and Guidelines for Implementing Evidence Based Care in Forensic Mental Health Settings

Member ..... \$194.25

Non-Member ..... \$246.75

**C) ANNUAL CONFERENCE**

Full registration includes: Program sessions, 1 ticket for the welcome reception, dinner and lunch presentations

<u>INCLUDES 5% GST</u>	before Jan. 19	from Jan 20 to March 2	after March 2
MD - Member .....	\$525.00	\$630.00	\$682.50
MD - Non-Member .....	\$630.00	\$735.00	\$787.50
Non-MD - Member .....	\$367.50	\$420.00	\$472.50
Non-MD - Non-Member .....	\$446.25	\$498.75	\$551.25
<small>*Allied Health workers/lawyers</small>			
Resident/Student/Fellow .....	\$131.25	\$183.75	\$236.25
Accompanying person .....	\$194.25	\$194.25	\$194.25
Daily Registration .....	\$288.75	\$341.25	\$367.50

Please specify day/date: \_\_\_\_\_

**D) COCKTAIL RECEPTION AT CANOE BREWPUB - Tuesday, March 6 - 6:00-8:00 PM**

\_\_\_\_\_ x \$40/person = \_\_\_\_\_ (includes 2 drinks and 5-6 bites/person, gratuity and taxes)

**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 (CAPL2018) 803, 30<sup>e</sup> 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 to [cgoddard@goddardcom.com](mailto:cgoddard@goddardcom.com) or mailed them to the address above.



## CREDIT CARD AUTHORIZATION

### Canadian Academy of Psychiatry and the Law (CAPL)

Registration Fee: 23rd CAPL Annual Conference and/or Pre-Conference Seminars - March 4-7, 2018

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: \_\_\_\_\_