

REGISTRATION - please circle your option(s)

CAPL GST number:
80968 5290 RT0001

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

The BCDCAC of Clozapine. Treating Schizophrenia beyond the ABC's

Member \$194.25
Non-Member \$246.75

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

Recent Canadian Appellate Court Decisions regarding Review Board Matters: Implications for Clinical Forensic Psychiatrists and Specialty Psychiatric Hospitals

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 March 8	from March 9 to April 24	after April 24
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 L'ASSOMMOIR - Tuesday, April 30 - 5:00-7:00 PM

_____ x \$42/person = _____ (includes 2 drinks and 5-6 bites/person, gratuity and taxes)

Participant

_____	Phone _____
Name _____	_____
_____	City, Province to appear on your badge _____
Email _____	Accompanying person (if applicable)
_____	_____
Food restriction (please specify) _____	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^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 to 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 - April 28 - May 1, 2019

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: _____