

Detach and complete both sides of this registration form and mail with your cheque or money order (made payable to Dynamics 2017) or VISA/MASTERCARD/AMEX information.

Online registration is available at www.caccn.ca

Faxes only accepted with VISA/MASTERCARD/AMEX as method of payment.

Student registration cannot be processed online. Please forward the registration form with payment to CACCN National Office prior to the deadline.

PLEASE PRINT CLEARLY.

CACCN Member Number

_____ as it will appear on name badge

Name

Credentials

Home Street Address

_____ City _____ Prov/State _____ Postal/Zip Code

City

Prov/State

Postal/Zip Code

_____ Country _____ Home Telephone _____

Country

Home Telephone

_____ Work Telephone _____ Ext _____ Fax _____

Work Telephone

Ext

Fax

Email Address

Name of Employer

Area of Practice: Adult Pediatric/Neonatal All Ages/Multifocus

Area of Focus: Clinical Administration Advanced Practice

Education Research

Are you CNCC(C) or CNCCP(C) certified? No Yes Number _____ Year _____

IMPORTANT INFORMATION

- Early Bird Deadline: August 24, 2017 @ 2359 hrs. EST
- Regular Deadline: September 7, 2017 @ 2359 hrs. EST
- On-site Registration will not be available

CANCELLATION POLICY

- Refunds will be issued less a **30%** administration fee on the full value of the registration fees paid upon receipt of written notice of cancellation prior to **September 7, 2017, 2359 hrs EST.**
- Cancellations notice must be sent to Dynamics 2017, P. O. Box # 25322, London, ON, N6A 6B1 or fax to 519-649-1458 or email to caccn@caccn.ca.
- Dynamics 2017/CACCN will not be responsible for refund notices that do not reach CACCN National Office by the cancellation deadline.
- Refunds will be issued by cheque via mail only, after the conference closes.
- No refunds will be issued for cancellation after September 7, 2017.
- Dinner ticket, souvenir and special event purchases are non-refundable.
- In the event of cancellation CACCN/Dynamics will be responsible for the refund of tuition fees only



CACCN



Registrations will NOT be processed until both registration form and payment are received at National Office.

**Dynamics 2017, P.O. Box 25322
 London, Ontario N6C 6B1
 Tel: (519) 649-5284
 Fax: (519) 649-1458
 Toll Free: 1-866-477-9077**

FOR OFFICE USE ONLY

Amount Paid: _____

Paid by: () Delegate () Employer

Method:
 () Chq () Visa () MC () AMEX

Chq/Approval #:

CONFERENCE CHOICES

- First and Second Choices MUST be selected
- If you are a presenter of a session, select “Presenter”
- Delegates must select “Lunch” as one of the L2/L3, L4/L5 options. Registrations will be revised to include a luncheon period.

MONDAY, SEPTEMBER 25, 2017

- SESSION 1** 1ST CHOICE A B C D E M1 **OR** PRESENTER
 2ND CHOICE A B C D E M1
- SESSION 2** 1ST CHOICE A B C D E **OR** PRESENTER
 2ND CHOICE A B C D E
- SESSION L1** CACCN ANNUAL GENERAL MEETING / LUNCH (ALL DELEGATES)
- SESSION 3** 1ST CHOICE A B C D E M3 **OR** PRESENTER
 2ND CHOICE A B C D E M3
- SESSION 4** 1ST CHOICE A B C D E M4 **OR** PRESENTER
 2ND CHOICE A B C D E M4

SOCIAL EVENT SEPTEMBER 25, 2017

GALA RECEPTION ATTENDING NOT ATTENDING

TUESDAY, SEPTEMBER 26, 2017

- SESSION 5** 1ST CHOICE A B C D E **OR** PRESENTER
 2ND CHOICE A B C D E
- SESSION 6** 1ST CHOICE A B C D E M6 **OR** PRESENTER
 2ND CHOICE A B C D E M6
- SESSION L2** 1ST CHOICE SPEAKER **OR** LUNCH, EXHIBITS, POSTERS **OR** PRESENTER
 2ND CHOICE SPEAKER **OR** LUNCH, EXHIBITS, POSTERS
- SESSION L3** 1ST CHOICE SPEAKER **OR** LUNCH, EXHIBITS, POSTERS **OR** PRESENTER
 2ND CHOICE SPEAKER **OR** LUNCH, EXHIBITS, POSTERS
- SESSION 7** 1ST CHOICE A B C D E M7 **OR** PRESENTER
 2ND CHOICE A B C D E M7
- SESSION 8** 1ST CHOICE A B C D E **OR** PRESENTER
 2ND CHOICE A B C D E

SOCIAL EVENT SEPTEMBER 26, 2017

LEARN ALL DAY. DANCE ALL NIGHT! CACCN ANNUAL DINNER
 TICKETS \$70 PER PERSON, NON-REFUNDABLE ONCE PURCHASED. TICKETS WILL NOT BE AVAILABLE ON-SITE. ATTENDING NOT ATTENDING

WEDNESDAY, SEPTEMBER 27, 2017

- SESSION 9** 1ST CHOICE A B C D E **OR** PRESENTER
 2ND CHOICE A B C D E
- SESSION 10** 1ST CHOICE A B C D E F M10 **OR** PRESENTER
 2ND CHOICE A B C D E F M10
- SESSION L4** 1ST CHOICE SPEAKER **OR** LUNCH, EXHIBITS, POSTERS **OR** PRESENTER
 2ND CHOICE SPEAKER **OR** LUNCH, EXHIBITS, POSTERS
- SESSION L5** 1ST CHOICE SPEAKER **OR** LUNCH, EXHIBITS, POSTERS **OR** PRESENTER
 2ND CHOICE SPEAKER **OR** LUNCH, EXHIBITS, POSTERS
- SESSION 11** 1ST CHOICE A B C D **OR** PRESENTER
 2ND CHOICE A B C D

For Member, Non-Member and Student registration criteria please refer to page 31.

CACCN ANNUAL DINNER TICKET - \$ 70 per person

Tickets must be ordered in advance and are non-refundable

PLEASE CHECK ALL DAYS YOU WILL BE ATTENDING

Mon, Sept 25 Tues, Sept 26 Wed, Sept 27

Conference Tuition Fees

BOX 1

LESS: Tuition Discount(s)

(List Codes and Cpn Amounts)

BOX 2

BOX 3

Subtotal Tuition Fees less discounts

(Box 1 minus Box 2 and 3. Balance less than zero, enter zero)

BOX 4

ADD: HST (ON) 13%

(Calculate on total of Box 4. Balance less than zero, enter zero)

BOX 5

Subtotal of Tuition Fees plus taxes (13%)

(Calculate Box 4 and 5)

BOX 6

Annual Dinner Tickets

_____ Tickets X 70.00 p.p

BOX 7

TOTAL AMOUNT OWING

(Total Boxes 6 thru 8)

BOX 8

CONFERENCE FEE:

Cheque VISA MASTERCARD AMEX

VISA/MASTERCARD/AMEX NUMBER

EXP. DATE

CARDHOLDER'S NAME

CVV#*
(back of card)

SIGNATURE REQUIRED

I have read and understand the Conference information provided on pages 43-44 including the cancellation policies of the Dynamics 2017 conference brochure. I authorize CACCN to charge my credit card for the conference fees, tax and tickets (if applicable).

Signature

Date