A Breath of Fresh Air

2018 CANADIAN RESPIRATORY CONFERENCE

April 12– 14, 2018 | The Westin Bayshore, Vancouver, BC

REGISTRATION FORM

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

(Please print)

First Name: Last Name:

Position: Department:

Organization:

Address:

City: Province: Postal Code/Zip: Country:

Telephone: Ext. Fax:

E-mail:

Name as you would like it to appear on your badge:

PLEASE INDICATE YOUR PROFESSIONAL DESIGNATION

☐ MD ☐ Resident ☐ Fellow-Clinical ☐ Fellow-Research
☐ PhD ☐ PT ☐ Family Physician ☐ FRCPC / FRCSC Specialty: _____
☐ RRT ☐ RN ☐ CRE ☐ Other: _____

SCHEDULE OF FEES

Registration Category	EARLY BIRD - Before/on March 2, 2018	REGULAR – From March 3, 2018	March 29, 2018 to On-Site	
☐ Member – Resident/Fellow/Student*	$225.00	$275.00	$300.00	$ _____
☐ Member – CRHP	$450.00	$550.00	$570.00	$ _____
☐ Member – MD/PhD	$475.00	$575.00	$595.00	$ _____
☐ Lung Association Staff / Volunteer	$450.00	$550.00	$570.00	$ _____
☐ Non-Member Resident/Fellow/Student*	$250.00	$300.00	$325.00	$ _____
☐ Non-Member/Industry	$595.00	$695.00	$725.00	$ _____

** A photocopy of a current student card confirming full-time student status must be attached to your registration form*

TICKETS FOR SPECIAL EVENTS

Thursday, April 12

☐ ADDITIONAL Ticket(s) for the Opening Reception _____ x $40.00 /each = $ _____
(1 ticket included with your registration)

Optional Courses

☐ Ticket for Pleural Ultrasound Simulation Course $200.00 = $ _____
☐ Ticket for Bronchoscopy Simulation Course $200.00 = $ _____

Subtotal: = $ _____

5% GST: = $ _____

HST (809866965RT0001) **TOTAL ENCLOSED: = $** _____

PAYMENT METHOD

☐ Visa ☐ MasterCard ☐ Cheque enclosed (Payable to *CTS - CRC*)

Cardholder's name as it appears on the card (please print):

Card Number: Expiry Date: (MM/YY) Sec Code:

Signature:

Authorizing signature must be the same as the name appearing on the credit card.

(NB: Credit card statements will show payment made to *Taylor & Associates*)

If this is not your credit card, please provide the following information:

Cardholder's email: Cardholder's Telephone:

SPECIAL MEAL REQUIREMENTS

Meals provided should easily accommodate most diets. *We regret that we are not able to provide kosher or halal meals.* Should you have any other food allergies, extreme dietary restrictions or special requirements, please indicate below:

☐ Vegetarian ☐ Allergy _____ ☐ Other _____

DELEGATE LIST

A list of conference delegates including their coordinates will be distributed to conference attendees.
Please indicate if you wish to include your information.

☐ YES, please include my name and coordinates on the delegate list.
☐ NO, please do not include my name and coordinates on the delegate list.

NB: If not indicated here, it is assumed that you agree to have your information included.

A list of conference delegates including their coordinates will be distributed through the conference app. Please indicate if you wish to include your information.

☐ YES, please include my name and coordinates on the delegate list in the conference app.
☐ NO, please do not include my name and coordinates on the delegate list in the conference app.

NB: If not indicated here, it is assumed that you agree to have your information included.

IN ORDER FOR US TO PREPARE FOR SESSION ROOMS, WE ASK THAT YOU INDICATE YOUR MOST PROBABLE CHOICE OF CONCURRENT SESSIONS THAT YOU ARE PLANNING TO ATTEND:

THURSDAY, APRIL 12, 2018

1600 – 1730

Concurrent Sessions (Please indicate one session only)

☐ Adult Home Mechanical Ventilation
☐ Cardiopulmonary Exercise Testing Workshop
☐ Mobilization of the Critically Ill
☐ Things that Go Bump in the Thorax
☐ Evidence-Based Sleep Medicine

FRIDAY, APRIL 13, 2018

1030 – 1200

Concurrent Sessions (Please indicate one session only)

☐ What's New in the Management of Lung Cancer
☐ COPD Pharmacotherapy Update: CTS Position Statement
☐ Refugee Health: Unique Challenges in Unique Times
☐ Pediatric Home Mechanical Ventilation
☐ Why Don't You Go Read About That and Get Back to Me

1200 – 1315

Optional Luncheon Sessions (Please indicate one session only)

☐ I prefer to have lunch and network with my colleagues in the sponsor display area
☐ CHEST/CTS Conjoint Session*
☐ CRHP Research Poster Award Competition

** Space is limited and available on a first-come, first-served basis.*

1330 – 1500

Concurrent Sessions (Please indicate one session only)

☐ Year in Review: CTEPH / Severe Asthma
☐ COPD Scientific Discoveries from the CRRN
☐ Pulmonary Hypertension
☐ Asthma Plus
☐ Tuberculosis in 2018

SATURDAY, APRIL 14, 2018

0830 – 1000

Concurrent Sessions (Please indicate one session only)

☐ ILD 2018
☐ The Lung Microbiome in Health and Disease
☐ A Day in My Outpatient Clinic
☐ Supporting Patient Engagement
☐ Evaluating the Complex Pediatric Patient
☐ Cystic Fibrosis and Transplantation

1400 – 1600

Simulation Courses*

☐ Pleural Ultrasound
☐ Bronchoscopy

**Note: These workshops have limited space offered on a first-come, first-served basis, requires pre-registration and is subject to an additional $200 fee.*

REGISTRATION AND CANCELLATION POLICY

(for full policy description see page 3 of preliminary program)

Registration forms will be processed only if accompanied by full payment of registration fees. Only registered delegates may claim registration materials at the Conference Registration Desk and will not be permitted to collect materials for other delegates.

International delegates wishing to attend the CRC are responsible for providing their own arrangements including travel, accommodation, visas, registration fees and incidentals. The CRC does not provide letters of invitation. CRC will provide receipts upon payment of fees as confirmation of registration to assist with securing travel visas. International delegates wishing to attend the conference must register on-line and pay by credit card.

Cancellations received in writing and postmarked by March 9, 2018 will be refunded in full less a $150.00 administration fee. No refunds will be issued for cancellations received after this date. Only cancellations received in writing will be processed. Refunds will be processed within 3 weeks of the conclusion of the conference and will be processed in the manner payment was received.

The Canadian Thoracic Society reserves the right to cancel this conference due to insufficient registration and will be responsible for refunding conference registration fees only.

Photographs taken at "*A Breath of Fresh Air*" will be utilized in future CRC promotional material that may include print, electronic, or other media including the CRC website. By participating in CRC 2018, you grant CRC the right to use your profile captured photographically for such purposes.

Fax or email your completed form to:

Canadian Respiratory Conference c/o *Taylor & Associates*, 11-5370 Canotek Road, Gloucester, ON K1J 9E7
Tel: 613-747-0262 | Fax: 613-745-1846 | crc@taylorandassociates.ca

Please visit the website regularly | www.cts-sct.ca