8th Palliative Care Conference

Sunday October 10, 2021, Virtual

***“Palliative Care In A Changing World”***

**REGISTRATION FORM**

**REGISTRANT’S INFORMATION**

**First Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex:** **Male Female**

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Contact:** (day)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (o)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (m)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Profession: (Please tick one)**

Doctor Ancillary Health Care Provider

Nurse Member of the Public

Medical Student (with valid ID only) Exp. Date\_\_\_\_\_\_\_\_\_

**Please select ONE workshop that you wish to attend: (Please circle)**

1. Guilt in Grief, Chaplain Neive George
2. Dignity Therapy, Dr. Seema Rao
3. Legal Issues in End-of-Life Care, Mrs. Deborah Moore-Miggins

**REGISTRATION FEES: (includes CMEs for Doctors, Nurses, AHCP, Medical Students)**

**DEADLINE: October 1st 2021**

**Registration Category TT Amt. US Amt. Total**

Doctors $300

Nurses $200

Ancillary Health Care

Providers $200

Medical Students $100

Members of the Public $200

Non-Residents $45

Non-Residents with CME $70

**Registration Fee Total**

**Payment Option: (please tick one)** Online Direct Deposit Credit Card

(**To accompany Registration Form).**

**Non-Resident attendees ONLY to pay registration fees by credit card over the phone call 671-7378.**

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**CONFERENCE REGISTRATION:**

 For more details contact Mr. Saty Seemungal 223-7078 / Mr. Leslie Harripaul 222-3781

 Mr. Nigel Aqui 622-8948.

To register online please complete our Google Registration Form

 Alternatively the attached Registration form can be emailed to **palliativecstt@gmail.com**

 **ALL PAYMENTS ARE TO BE MADE ONLINE, DIRECT DEPOSIT or CREDIT CARD, AND PAYMENT SLIP MUST BE SENT BY WHATSAPP TO: MS. BAKSH (868) 620-9549.**

**Account Name: Palliative Care Society of T & T**

**Name of Bank & Address: Scotiabank T & T Ltd. Ellerslie Plaza, Maraval**

**Branch/Transit No.: 95315**

**Account No.: 003890296**

**Account Type: Chequing**

**Non-Resident attendees ONLY to pay fees by Credit Card over the phone, call 671-7378.**

All Registration Forms must be signed.

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Signature of Participant Date