

Dignity Therapy Workshop Registration Form
Inn at the Forks, Winnipeg Canada June 14 – 16, 2010

Attendee Contact Details

Last name:	_____	First name:	_____
Title (Dr./Mr./Mrs./Ms.):	_____	Position:	_____
Employer:	_____	Address:	_____
City:	_____	Prov/State:	_____
Postal code:	_____	Country:	_____
Phone:	_____	Fax:	_____
Mobile/Cell:	_____	Email:	_____

Registration Payment Details

Workshop registration fees are \$1,000.00 (Canadian Currency). Please check method of payment*:

Certified Cheque Money order International Bank Transfer

Please make cheques payable to 'CancerCare Manitoba'. Registrations and payments should be forwarded to:

CancerCare Manitoba
c/o Manitoba Palliative Care Research Unit
3017-675 McDermot Avenue
Winnipeg, MB Canada R3E 0V9
Tel: 204-787-4923 Fax: 204-787-4937
Email: mpcru@cancercare.mb.ca

* Unfortunately, we are not able to accept credit card payments at this time.

Cancellation Policy:

No refunds will be given for registration cancellations received after June 1, 2010. Cancellations made prior to June 1, 2010 will be subject to a \$50 administrative fee.

Special Requirements:

Please use this space to make us aware of any dietary or other special needs that you may have:

Accommodation:

Guest rooms are available at Inn at the Forks (www.innforks.com) at a reduced rate of \$159.00 CAD (single/double) plus applicable taxes per night. Each additional person sharing a guestroom is \$20.00 per night. To make your room reservation:

- Contact Inn at the Forks directly by telephone at 1-877-377-4100 (Toll-free North America) or (204)942-6555.
- Identify the group reservation number **128054** to receive the discounted room rate.
- Please note that reservations must be made by Thursday, May 13, 2010 in order to receive the discounted rate.

For more information about visiting Winnipeg, please go to www.destinationwinnipeg.ca

Please check all boxes that apply:

- My spouse/partner will accompany me to Winnipeg. Name of spouse/partner:
- If a spousal program is offered, my spouse/partner would be interested in participating. Please send me additional information.
- I consent to my name and contact information being included in the "Workshop Participant List" which will be distributed to workshop registrants.
- I am able to bring a laptop computer to use for the small group portion of the workshop.
- I am unable to bring a laptop computer to the workshop. Please ensure that I am placed in a small group for which a laptop will be provided.

Both workshop registrants and their spouse/partner are invited for dinner on Monday, June 14th at 6:00 pm at no additional charge.

- I will attend
- My spouse/partner will accompany me

Both workshop registrants and their spouse/partner are invited to the Cocktail Reception on Tuesday, June 15th from 6:00 – 8:00 pm at no additional charge.

- I will attend
- My spouse/partner will accompany me

Background Information

We would like to get to know a little bit about you before the workshop.

1. Tell us about your counselling experience (e.g. current qualifications, years of experience)

2. What is the nature of your current practice?

3. How do you believe the new skills learned in this workshop will translate into your patient care?

To complete your registration:

- 1) Submit this registration form by fax* to 204-787-4937 or email to mpcru@cancercare.mb.ca.
* If you are submitting your registration form by fax from overseas, you need an additional specific country code for Canada. Please contact your local telephone service provider to obtain the country code.
- 2) Mail original registration form along with payment to the address listed above. If you have chosen to pay by international money transfer, account information details will be emailed to you once your registration form has been received by fax or email.
- 3) A registration confirmation letter will be sent to you once both the registration form and payment have been received.

Registration Deadline: May 1, 2010