

# CONFERENCE REGISTRATION FORM

**SAVE ON YOUR REGISTRATION BY BOOKING BEFORE THE EARLY BIRD DEADLINE!**

- Refer to <https://caccn.ca/canadian-critical-care-nursing-conference-2024/> for registration fees
- Complete both sides of the registration form and return prior to the deadline date for early bird or regular registration. Form must include a cheque, money order or credit card information.
- Mail to address noted below or email to [caccn@caccn.ca](mailto:caccn@caccn.ca) – must include credit card information.
- Registration will not be processed or confirmed without payment.
- Online registration is now available.

## IMPORTANT INFORMATION

### Early Bird Registration Deadline:

August 22, 2024 @ 1700 hrs ET

### Regular Registration Deadline:

September 5, 2024 @ 1700 hrs ET

**REGISTRATION WILL NOT BE PROCESSED until both registration fee and payment are received.**

## CANCELLATION INFORMATION

- Refund of conference registration fees/taxes will be issued **less a 30% administration fee** on the full value of the registration fees paid.
- Social and special event purchases are non-refundable.
- Refunds will only be issued if written notice of cancellation is received prior to September 5, 2024 @ 1600 hrs. ET.
- Refund requests should be sent to CACCN/CCCNC2023 Refunds, PO Box 25322, London, ON N6A 6B1 or emailed to [caccn@caccn.ca](mailto:caccn@caccn.ca).
- Refunds will not be issued for cancellation after September 5, 2024.
- Dynamics/CACCN will not be responsible for refund requests that do not reach CACCN by the cancellation deadline.
- Eligible refunds will be issued by cheque by October 31, 2024.
- In the event of cancellation of the conference, CACCN/CCCNC2024 will be responsible for the refund of tuition fees only.

\_\_\_\_\_  I wish to join the CACCN or renew my CACCN membership. Please process a one-year CACCN membership at the time of conference registration.

CACCN Member Number

\_\_\_\_\_ Credentials

\_\_\_\_\_ Name (as it will appear on badge)

\_\_\_\_\_ Home Address

\_\_\_\_\_ City

\_\_\_\_\_ Prov/State

\_\_\_\_\_ Postal/Zip Code

\_\_\_\_\_ County

\_\_\_\_\_ Telephone

\_\_\_\_\_ Email Address

\_\_\_\_\_ Postion

\_\_\_\_\_ Name of Employer

AREA OF PRACTICE:  Adult  Pediatric/Neonatal  All Ages/Multifocus

AREA OF FOCUS:  Clinical  Administration  Advanced Practice  
 Education  Research

CACCN/CCCNC2023  
PO Box 25322  
London ON N6A 6B1

[caccn@caccn.ca](mailto:caccn@caccn.ca)  
[caccn.ca](http://caccn.ca)



# CONFERENCE REGISTRATION FORM

## CONFERENCE DAYS ATTENDING

please check all days you will be attending

- Monday, September 23, 2024
- Tuesday, September 24, 2024
- Wednesday, September 25, 2024

## SOCIAL EVENTS (complimentary)

- Exhibit Reception **Monday, September 23, 2024**
- Nurses Night Out Social **Monday, September 23, 2024**

## BREAKFAST SYMPOSIUM (complimentary)

- Tuesday, September 24, 2024

## WELLNESS (complimentary)

- 5K Run **Tuesday, September 24, 2024**
- Yoga **Wednesday, September 25, 2024**

## DIETARY REQUIREMENTS

The Canadian Critical Care Nursing Conference (CCCNC2024) will attempt to provide lunches and breaks that can accommodate health restrictions, allergies, and restrictions. **Prior notification is required for all dietary restrictions and/or accommodation.** The CCCNC2024 cannot accommodate dietary restrictions without prior notification. CCCNC2024 cannot accommodate personal dietary needs including low-carb, keto, high protein, no sugar, etc.

Dietary restrictions and/or accommodation include the following (check all that apply):

- Medical condition
  - Celiac
  - Gluten-free
- Allergies
  - Peanut, tree nuts
  - Fish/seafood
  - Other: \_\_\_\_\_
- Lactose Intolerance
- Religious beliefs/restrictions
- Vegetarian
- Vegan
- Other: \_\_\_\_\_

## CONFERENCE FEES

CONFERENCE TUITION FEES

BOX 1

LESS: TUITION DISCOUNT(S)

(List codes and CPN Amounts) Tuition discounts: CACCN Members only, early bird registration only and cannot be used for Student registration

BOX 2

BOX 3

SUBTOTAL TUITION FEES LESS DISCOUNTS

(add Box 1 minus Box 2 & 3. If zero, enter zero)

BOX 4

ADD: GST 5%

(Calculate on total of Box 4. If zero, enter zero)

BOX 5

TOTAL OF TUITION FEES PLUS TAXES (5%)

(Calculate Box 5 and 6)

BOX 6

BY SUBMITTING THIS REGISTRATION FORM AND/OR MY CREDIT CARD INFORMATION OR A CHEQUE OR MONEY ORDER, I ACKNOWLEDGE AND CONFIRM:

- I have read and understand the CCCNC2024 / CACCN cancellation policy.
- I authorize CACCN to charge my credit card for membership registration, if selected on page 1 and conference registration fees and taxes.
- Cheques are payable to CACCN – CCCNC 2024  
Mail to CCCNC2024, PO Box 25322, London, ON N6C 6B1.  
**Cheques/Money orders are not accepted for International delegate registration.**

PAYMENT:

- Cheque
- Money Order
- Visa/Mastercard/AMEX

\_\_\_\_\_  
Visa/Mastercard/AMEX Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Cardholders Name

\_\_\_\_\_  
CVV#  
(back of card)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date