

CONFERENCE REGISTRATION FORM

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

- Refer to <https://caccn.ca/canadian-critical-care-nursing-conference/> 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 – must include credit card information.
- Registration will not be processed or confirmed without payment.
- Online registration is now available at <https://caccn.ca/2026-canadian-critical-care-nursing-conference/>

IMPORTANT INFORMATION

Early Bird Registration Deadline:

before August 24, 2026
@ 1700 hrs ET

Regular Registration Deadline:

before September 10, 2026
@ 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 10, 2026 @ 1600 hrs. ET.
- Refund requests should be sent to CACCN/CCNC2026 Refunds, PO Box 25322, London, ON N6A 6B1 or emailed to caccn@caccn.ca.
- Refunds will not be issued for cancellation after September 10, 2026, 2026.
- CACCN/CCNC2026 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, 2026.
- In the event of cancellation of the conference, CACCN/CCNC2026 will be responsible for the refund of tuition fees only.

_____ I wish to join the CACCN or renew my CACCN membership.

CACCN Member Number

Please process a one-year CACCN membership at the time of conference registration.

_____ Name (as it will appear on badge)

_____ Credentials (i.e., BScN, RN; MScN, RN)

_____ Home Address

_____ City

_____ Prov/State

_____ Postal/Zip Code

_____ County

_____ Telephone

_____ Email Address

_____ Name of Employer

_____ Position

AREA OF PRACTICE: Adult Pediatric Neonatal All Ages/Multifocus

AREA OF FOCUS: Clinical Administration Advanced Practice
 Education Research

CACCN/CCNC2026
PO Box 25322
London ON N6A 6B1

caccn@caccn.ca
caccn.ca



Online Registration

CONFERENCE REGISTRATION FORM

CONFERENCE DAYS ATTENDING

Please check all days you will be attending

- Tuesday, September 29, 2026
- Wednesday, September 30, 2026

SOCIAL EVENTS (complimentary)

- Nurses Night Tuesday, September 29, 2026

WELLNESS (complimentary)

- 5K Run/Walk Wednesday, September 30, 2026

DIETARY REQUIREMENTS

The Canadian Critical Care Nursing Conference (CCNC2026) will attempt to provide lunches and breaks that can accommodate delegates needs. Prior notification is required for all dietary restrictions and/or accommodation. CCNC2026 cannot accommodate personal dietary needs including low-cab, 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 / coupon amounts

BOX 2

BOX 3

SUBTOTAL TUITION FEES LESS DISCOUNTS

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

BOX 4

ADD: HST 15%

(Calculate on total of Box 4.

If zero, enter zero)

BOX 5

TOTAL OF TUITION FEES PLUS TAXES

(15%) (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 CCNC2026/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 – CCNC 2026
Mail to CCNC2026, PO Box 25322, London, ON N6C 6B1.
- Cheques/Money orders are not accepted for International delegate registration.**

PAYMENT:

Visa/Mastercard/AMEX

Visa/Mastercard/AMEX Number

Expiration Date

Cardholders Name

CVV#
(back of card)

Signature

Date