

CONFERENCE DELEGATE REGISTRATION FORM

Deadline: September 12, 2024



CONTACT INFORMATION

Name: _____ Pronouns: _____
Organization: _____ Title: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Email: _____

DIETARY REQUIREMENTS

Gluten-Free Vegetarian Allergies? Please specify: _____

DEMOGRAPHIC INFORMATION (Optional)

By completing the section below, you help make sure our programs reach the entire community and report accurate numbers back to our funding partners, ensuring continued annual support. All information is kept confidential and is anonymously combined prior to reporting to other organizations.

Self Declaration: Indigenous Immigrant/Refugee Disability Single Parent Family
Age: 7-17 18-21 22-29 30-54 55-64 65+

REGISTRATION

CONCURRENT SESSION CHOICES

	REGULAR	MEMBER	STUDENT/ VOLUNTEER	THUR., SEPT. 19	FRI., SEPT. 20
1 DAY	<input type="checkbox"/> \$250	<input type="checkbox"/> \$230	<input type="checkbox"/> \$180	Block A: _____	Block D: _____
2 DAY	<input type="checkbox"/> \$470	<input type="checkbox"/> \$425	<input type="checkbox"/> \$335	Block B: _____	Block E: _____
EARLY BIRD 2 DAY (Until July 31)	<input type="checkbox"/> \$395	<input type="checkbox"/> \$360	<input type="checkbox"/> \$285	Block C: _____	Block F: _____

PAYMENT INFORMATION

Cheque (payable to Palliative Manitoba indicating attendee's name.) Please invoice me
 Visa MasterCard Card Number: _____ Exp.: _____
Cardholder's Name: _____ Signature: _____

- Full payment must accompany registration form. Registrations will not be processed until payment is received.
- Receipts will be mailed out prior to Conference.
- Refunds are subject to a \$40.00 processing fee. No refunds after September 12, 2024.
- \$10 fee for registrations received after September 12, 2024.