



## 2017 Caring Hearts Conference & Retreat Registration Form



*“Providing Trauma, Bereavement and Missing Persons education and support for  
frontline professionals and caregivers.”*

### CONTACT INFORMATION

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

Company Name/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov-Postal: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### REGISTRATION DETAILS

**YES! We would like to take part in the 2017 Caring Hearts Conference!**

**EARLY BIRD (before Sept. 15<sup>th</sup>, 2017):** \_\_\_\_\_ x \$350/individual = \$ \_\_\_\_\_  
# of registrations

**REGULAR PRICE (after Sept. 15<sup>th</sup>, 2017):** \_\_\_\_\_ x \$375/individual = \$ \_\_\_\_\_  
# of registrations

**OR**

**YES! We would like to take part in BOTH 2017 Caring Hearts Conference & Retreat!**

Please remember only *40 spots are available* for retreat, so be sure to secure your spot today!

**Conference & Retreat:** \_\_\_\_\_ x \$700/individual = \$ \_\_\_\_\_  
# of registrations

## **PAYMENT INFORMATION**

**Please Note: Registration is not secured until full payment has been received by Regina Palliative Care & Bereavement Centre**

**Please Circle:**                      **VISA**    **MASTERCARD**

**Card Number:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**Name as it Appears on Card:** \_\_\_\_\_

**OR**

**We wish to be invoiced and payment will be made by cheque!**

**Please make cheques payable to: Regina Palliative Care & Bereavement Centre  
200-2150 Scarth Street  
Regina, SK S4P 2H7**

***Please email this completed form to:***

**[trish@rpci.org](mailto:trish@rpci.org)**

**Thank you for your interest in attending the 2017 Caring Hearts  
Conference & Retreat!**

**We look forward to seeing you there!**

