



Nova Scotia Hearing and Speech Centres Clinical Forum 2010

October 13 - October 15, 2010 * Halifax, Nova Scotia

Registration Form

REGISTRANT INFORMATION – Please Print Clearly

Title: Mr. Mrs. Ms. Miss Dr.

First Name: _____ Surname: _____

Affiliation: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Please check all that apply:

- Audiologist Speech-Language Pathologist Student
- Other _____

SESSION SELECTION

Please mark 'X' in the box beside the sessions you wish to attend.

	Speech-Language Pathology	Audiology
Wednesday Oct. 13 8:30 – 4:30	<input type="checkbox"/> Childhood Apraxia of Speech (CAS) Dr. Rebecca McCauley	<input type="checkbox"/> Diagnostic Audiology Dr. Jay Hall
Thursday Oct. 14 8:30 – 4:30	<input type="checkbox"/> Lee Silverman Voice Tx (LSVT)® Training and Certification (open to SLPs only)	<input type="checkbox"/> Audiology Rehabilitation Dr. Frank Musiek
Friday Oct. 15 8:30 – 4:30	<input type="checkbox"/> Lee Silverman Voice Tx (LSVT)® Training and Certification (Continued) (open to SLPs only)	<input type="checkbox"/> Amplification Dr. Susan Scollie

REGISTRATION FEES (All fees in Canadian Dollars)

Early Bird Registration Closes – July 12, 2010 (payment must be received by this day)

Registration Closes – October 4, 2010 (no on-site registration available)

	Early Bird Registration July 12, 2010	After July 12, 2010
Speech-Language Pathology		
3 Days (CAS & LSVT)	<input type="checkbox"/> \$650.00	<input type="checkbox"/> \$750.00
LSVT Only (2 days)	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$600.00
CAS Only*	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$400.00
Audiology		
3 Days*	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$650.00
2 Days*	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$450.00
1 Day*	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$300.00

*Student registration is available for a flat rate: Early Bird \$50.00 After July 12 \$100.00

Receipts will be available for pick-up at the conference or will be mailed out after the conference.

Registration includes nutrition breaks and lunch.

CANCELLATION POLICY

Cancellations must be received in writing and are subject to a \$50 administration fee. For a full refund, cancellations must be received before July 12, 2010. Cancellations received from July 13 to September 10, 2010 are eligible for a 50% refund. Cancellations received after September 10, 2010 or ``no show`` registrations are not eligible for any refund. Substitutions are allowed. All refunds will be issued after the conference.

EVENT LOCATION DETAILS

WTCC (World Trade and Convention Centre)
1800 Argyle Street
Halifax, Nova Scotia

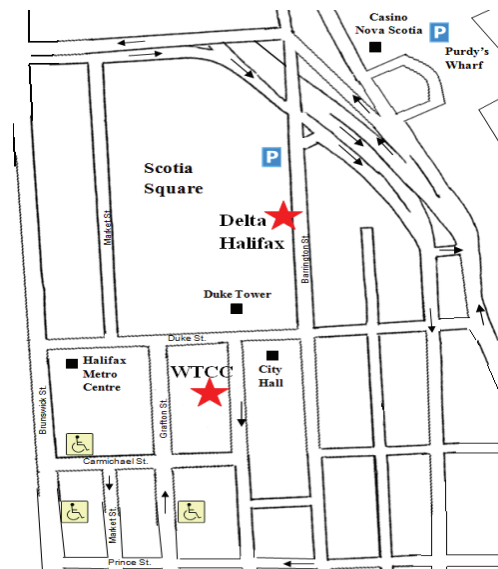
Parking:

Indoor parking is within walking distance of the WTCC:

- Scotia Square
- Purdy's Wharf
- Casino Nova Scotia

Wheelchair accessible parking is available on:

- Carmichael Street (Between Market and Brunswick Streets)
- Brunswick Street (between Prince and Carmichael Streets)
- Grafton Street (between Prince and Carmichael Streets)



ACCOMMODATIONS

A block of hotel rooms has been held at the Delta Halifax at a reduced rate for participants (\$150.00 per night).

This rate is only guaranteed to September 10, 2010. Participants are responsible for their own accommodation arrangements and costs. Reservations can be made by calling Delta Halifax at (902) 474-5150 or toll free at 1-888-423-3582, or by fax at (902) 492-6467. **To ensure that you receive the reduced rate, please indicate the Group Affiliation and Block Code listed below.**

Group Affiliation: NSHSC Clinical Forum 2010 Delegates

Block Code: HACLSB

Delta Halifax

1990 Barrington Street, Halifax, NS

www.deltahalifax.com

OTHER

Please let us know if you have any food allergies or special dietary needs that would help us make your participation at the conference more enjoyable: _____

PAYMENT

Payment made by: Cheque Money Order

Make cheque or money order payable in CDN dollars to ``Nova Scotia Hearing and Speech Centres``

Your registration constitutes acceptance of your personal information being used by the conference organizers for conference purposes only. Your personal information will not be distributed to any parties not associated with the conference.

Your registration constitutes acknowledgement of willingness to appear in photographs and videos taken during the conference and releases the conference organizers from liability resulting from use of such photographs and/or videos.

Signature: _____ Date: _____

**Registration is limited. Spaces will be assigned on a first come, first served basis.
To secure your registration, please mail your completed form with full payment to:**

Attn: Kimberlee Leslie
Nova Scotia Hearing and Speech Centres
5657 Spring Garden Road, Suite 401, Box 120
Halifax, NS B3J 3R4

For inquiries call (902) 492-8289 or email: kleslie@nshsc.ns.ca