



Curious Compassion: The Spiritual Connection to Soften Illness Suffering Registration Form

1. Name _____

2. Address _____

City _____ Province _____

Postal Code _____ Phone Number () _____

Email Address _____

3. **Profession (Please Check One) :**

_____ Healthcare Worker

_____ Non-Healthcare Worker

_____ Other

4. **Early Bird Registration by April 1, 2024:**

_____ Member, incl. banquet: **\$175.00**

_____ Non-member, incl. banquet: **\$200.00**

_____ Student, excl. banquet: **\$100.00**

_____ Single day, excl. banquet: **\$100.00** for the Date of May 1 ____ May 2 ____

_____ Banquet only: **\$40.00**

_____ Zoom Attendance: **\$50.00 per day** for May 1 ____ May 2 ____

5. **Registration starting April 2, 2024:**

_____ Member, incl. banquet: **\$200.00**

_____ Non-member, incl. banquet: **\$225.00**

_____ Student, excl. banquet: **\$125.00**

_____ Single day, excl. banquet: **\$125.00** ____ May 1 ____ May 2 ____

_____ Banquet only: **\$40.00**

_____ Zoom attendance: **\$50.00 per day** May 1 ____ May 2 ____

6. Emergency Contact Information (for in person conference only)

Emergency Contact Name : _____

Relationship : _____ Phone Number : () _____

7. Accommodations

Do you require accommodations at Queen’s House? Yes _____ No _____

Gender F _____ M _____ (information only needed to assign rooms with shared bathroom)

Single room with a shared bathroom \$60/night
Apr. 30 _____ May 1 _____ **Total \$ _____**

Double bed with private washroom \$80/night
Apr. 30 _____ May 1 _____ **Total \$ _____**

Queen bed with private washroom \$100/night
Apr. 30 _____ May 1 _____ **Total \$ _____**

Please note that Queen’s House will assign rooms based on needs (i.e., a single person won’t be booked into a double or queen room). Queen’s House doesn’t add taxes as it is a retreat center.

8. Special Dietary Needs :

None _____ Vegetarian _____ Vegan _____ Kosher _____

Gluten-free _____ Other _____

Allergies _____

9. I understand that I will have to pay in full CAD\$ to complete my registration.

_____ Yes, by e-transfer to p.nursing@sasktel.net

_____ Yes, by cheque. Send payment for registration and accommodations to:

CAPNM 2024 c/o Elaine Hesje
411 1802 Alexandra Ave.
Saskatoon, Sask. S7K 8A6
Make cheque payable to : CAPNM 2024

Any inquiries about registration contact: Elaine Hesje at p.nursing@sasktel.net

**** PLEASE NOTE ~ Refunds will be issued for cancellations made by April 24, 2024.***

A \$25 administration fee will be retained. No refunds will be issued April 25, 2024 or later.

Registration Fee/Banquet Fee (from #4 **OR** #5 Above) \$ _____

Banquet Fee (if applicable, from #4 **OR** #5 Above) \$ _____

Accommodations (from #7 Above) \$ _____

Total Fees to Be Paid \$ _____