



# 2019 CAG AGM Registration

**GROUPE CANADIEN D'APHÉRÈSE**

**CANADIAN APHERESIS GROUP**

## 39<sup>TH</sup> ANNUAL GENERAL MEETING AND SCIENTIFIC SESSIONS

**October 4 - 6, 2019**

Chelsea Hotel, 33 Gerrard St W, Toronto, ON M5G 1Z4

Dr.  R.N.  Mr.  Ms.  Mrs.

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Name as it should appear on Badge:** \_\_\_\_\_  
*(if different from above)*

**Institution:** \_\_\_\_\_

**Employment Position:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

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

*Name of accompanying person (non-delegate, if applicable)* \_\_\_\_\_

Special requirements (diet/medical) \_\_\_\_\_

**I will be attending the Saturday night reception and dinner:** (included in registration fee) YES  NO

*Your guest may attend the Saturday evening Reception & Dinner for a cost of: \_\_\_\_\_ \$100*

### REGISTRATION FEE:

**Full registration:** **Nurses: \$ 300.00**  **Physicians: \$400.00**

**Payable by cheque only**, and mailed to the **Canadian Apheresis Group by September 20, 2019.**

CAG Mailing address: 199-435 St. Laurent Blvd., Ottawa, Ontario, K1K 2Z8.

Later payments can be made upon arrival, **by cheque only**, and payable to the **Canadian Apheresis Group.**

### **NOTE: The Registration Fee (& process) is separate from the Hotel's accommodation cost (& booking):**

A special room rate for this meeting (**\$159** / night for single/double occupancy—plus applicable taxes)

**To reserve your accommodations, please visit:**

<https://gc.synxis.com/rez.aspx?Hotel=59052&Chain=10316&start=availresults&arrive=10/4/2019&depart=10/6/2019&adult=1&child=0&group=CAG103119>

OR: Call the hotel directly, **toll free 1-800-CHELSEA (243-5732)** or 416-595-1975. To book under the special rate, you must identify yourself as part of the "Canadian Apheresis Group" or use reference **ID CAG103119.**

### **IMPORTANT: The deadline to take advantage of the conference rate is Monday, September 9, 2019.**

- At the time of booking, you will be required to guarantee your room by providing a credit card for your reservation.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

Please **FAX** this completed form to 613-748-6392—or—email to [cag@cagcanada.ca](mailto:cag@cagcanada.ca)

**NB:**

- All registrations received will be confirmed by the CAG by follow up email.
- **Note: your registration should be considered complete only when you have received email confirmation.**