

REGISTRATION FORM

Delegate #1 Name _____

Delegate #2 Name _____

Address _____

City, Province _____ Postal Code _____

Phone _____

DELEGATE INFORMATION (please circle)

Delegate #1

Person w/PD

Person w/Parkinson Plus

Care Partner/Family Member/Friend

Healthcare Professional

Delegate #2

Person w/PD

Person w/Parkinson Plus

Care Partner/Family Member/Friend

Healthcare Professional

HOT LUNCH OPTION (please circle)

Beef **Chicken** **Vegetarian**

Other Food Allergies/Restrictions:

Beef **Chicken** **Vegetarian**

Other Food Allergies/Restrictions:

CHOOSE YOUR BREAKOUT SESSIONS

Please indicate the numbers of your top TWO (2) breakout session choices plus an alternate. Though every effort will be made to ensure your top choices; breakout sessions will be filled on a first come, first serve basis. **Indicate your choices by breakout session number (located on the website and in the brochure):**

Delegate #1: _____

Session #1

Session #2

Alternate

Delegate #2: _____

Session #1

Session #2

Alternate

ANNUAL GENERAL MEETING (AGM)



YES! I/We will attend the Annual General Meeting

Membership MUST be purchased by April 24, 2019 in order to vote at the AGM. Membership may be still be purchased after that date to receive the Member rate on Conference pricing.

CONFERENCE PRICING

	Quantity	\$ TOTAL
\$120/Member (until May 5)		
\$150/Non-Member (until May 5)		
\$150/Member (AFTER May 5)		
\$180/Non-Member (AFTER May 5)		
\$25 PAA 2019 Membership		
		\$

PAYMENT METHODS (or register online at www.parkinsonassociation.ca)

- I will pay by cheque. Payable to Parkinson Association of Alberta; drop off with a Client Services Coordinator or mail in (120, 6835 Railway St SE, Calgary, AB T2H 2V6) only.
- I will pay by cash. Drop off payment & form with Client Services Coordinator.
- I will pay by credit card. (please circle card type)

Amex

MasterCard

Visa

Name as it appears on card

Card Number

Expiry Date

CVD (3 or 4 digits on back)