

## 2019 Psychotherapy Section's Fall Conference October 26, 2019

## **ESTATES OF SUNNYBROOK**

2075 Bayview Avenue, Toronto, Ontario

## **REGISTRATION FORM**

CONFE	RENCE FEE SCHEDULE	
(Fees, per person, cover your conference	registration, breakfast, lunch	eon & refreshment breaks.)
	Before September 27, 2019	After September 27, 2019
OPA Members – Full	\$225.00 + HST = <b>\$254.25</b>	\$240.00 + HST = <b>\$271.2</b> 0
OPA Members – Associate/Life/Honorary/Inactive	\$175.00 + HST = <b>\$197.75</b>	\$190.00 + HST = <b>\$214.7</b> 0
Residents	\$ 95.00 + HST = \$107.35	\$110.00 + HST = <b>\$124.3</b> 0
Non-Members – Physicians	\$375.00 + HST = \$431.25	\$410.00 + HST = \$463.30
Non-Members – Allied Health Care Professionals	\$195.00 + HST = <b>\$220.35</b>	\$210.00 + HST = <b>\$237.3</b> 0
To qualify for member fees	your membership should be in	good standing.
I am a ☐ Memb	oer 🗆 Non-Member 🗆 Resi	dent
Name (including title)		
Institutional Affiliation		
Address	Postal Code	
Telephone	E-mail	
Dietary Restrictions		
METHOD OF PAYMENT □ Cho	eque enclosed $\square$ VISA $\square$ M	IasterCard □ AMEX
TOTAL AMOUNT \$		
Credit card number	Expiry date	Validation code
Cardholder name	Signature	
Submitted by		
Credit card charges appear o	payable to <b>Ontario Psychiatrio</b> In statements as BB&C Manaş #12042 8529 RT0001	

## **REFUNDS POLICY**

Requests for refunds should be submitted in writing to OPA. Prior to September 27, 2019 – 50%. Refunds cannot be provided for cancellations received after September 27, 2019.

OPA will take photographs at the 2019 OPA Psychotherapy Section's Fall Conference and may use them in OPA promotional materials, including print, electronic or other media, and website.

By participating in the 2019 OPA Fall Conference, you grant OPA the right to use your name and photograph for such purposes.