



# Canadian Academy of Psychosomatic Medicine L'Académie canadienne de médecine psychosomatique

## REGISTRATION FORM

CAPM Annual Meeting  
Sept. 13, 2017, Shaw Centre, Ottawa

### DELEGATE INFORMATION

Salutation:                      Dr.                                      Mr.                                      Ms.  
First Name:                      Last Name:  
                    Psychiatrist                                      Nurse                                      Psychiatry resident  
                    Physician                                      Psychologist                                      Other trainee  
Address:  
City:                                      Province:                                      Postal Code:  
Email:                                      Phone:

CAPM Member - \$300  
Nonmember MD - \$400

Other healthcare professional - \$200  
Resident or trainee\* - \$75

\*Residents and trainees who are not CAPM members must provide acceptable proof of enrollment in a residency or training program with this form.

I agree to pay the difference in registration cost should my CAPM membership not be in good standing, or should I fail to provide the necessary documentation of resident/trainee status. Registrations will not be confirmed without full payment.

### CANCELLATION POLICY

A cancellation fee of \$60 applies to all cancellations received before Sept. 5, 2017. After this date, there will be no refund of your registration. Requests for cancellation must be submitted in writing to [capm@cpa-apc.org](mailto:capm@cpa-apc.org).

CAPM reserves the right to cancel events, and will notify registrants at the earliest possible date in the event of a cancellation. Other than refunds to registration fees, CAPM will not be liable for any loss, damage, or other expense(s) that such cancellations may cause.

I have read and agree to the cancellation policy.

### CONSENT TO COLLECTION OF PERSONAL INFORMATION

Personal information is collected on this registration form to enroll you in the conference and collect aggregate statistics.

CAPM publishes a participant list that includes each participant's name and city. Do you agree to have your name and city included in this list?

All participants registered for the CAPM annual meeting will be included on the mailing list for future programs. Do you wish to receive notice about upcoming CAPM meetings?

### PAYMENT

Please make cheques payable to the **Canadian Academy of Psychosomatic Medicine** and mail to 701 – 141 Laurier Avenue West, Ottawa ON K1P 5J3. Cheques must be paid in Canadian dollars and drawn on a Canadian bank. To pay by credit card, visit [www.capm-acmp.org](http://www.capm-acmp.org). Credit card payments will not be accepted on this form.