

REGISTRATION • Register on line @ www.whin.org
Envision Improvement: Integrative Thinking & Connectivity in Health Quality & Safety



R E G I S T R A T I O N

1. Delegate Information:

WHIN Member YES NO
(To join WHIN and qualify for member savings, see below)

registrant name (as it should appear on your conference nametag) _____

position _____

organization _____

street address _____ city _____

province _____ postal code _____

phone _____ fax _____

e-mail _____

- 2. AGM:** I will attend the AGM on May 21 @ 07:30: Yes No
- Participant List:** I agree to have my name on the participant list: Yes No
- Future Contact:** May we contact you about future events: Yes No

3. Registration Fees:

"Member" rates apply to individuals who are currently WHIN members or those who join today as new WHIN members (visit www.whin.org for membership fees)

	Member	Non-Member	Amount
Before Apr 30, 2008			
Full Registration	\$450.00 <input type="checkbox"/>	\$575.00 <input type="checkbox"/>	_____
Day One (including evening)	\$300.00 <input type="checkbox"/>	\$380.00 <input type="checkbox"/>	_____
Evening Only - May 21	\$125.00 <input type="checkbox"/>	\$160.00 <input type="checkbox"/>	_____
Day Two	\$250.00 <input type="checkbox"/>	\$330.00 <input type="checkbox"/>	_____
Student (fulltime)	\$200.00 <input type="checkbox"/>	\$200.00 <input type="checkbox"/>	_____
After Apr 30, 2008			
Full Registration	\$525.00 <input type="checkbox"/>	\$650.00 <input type="checkbox"/>	_____
Day One (including evening)	\$350.00 <input type="checkbox"/>	\$430.00 <input type="checkbox"/>	_____
Evening Only - May 21	\$150.00 <input type="checkbox"/>	\$185.00 <input type="checkbox"/>	_____
Day Two	\$275.00 <input type="checkbox"/>	\$355.00 <input type="checkbox"/>	_____
Student (fulltime)	\$250.00 <input type="checkbox"/>	\$250.00 <input type="checkbox"/>	_____
Manual Registration Fee			\$10.00
		Total	_____
		5% GST	_____
		Grand Total	<input style="width: 100px; height: 20px;" type="text"/>

4. Method of Payment:

VISA/MASTERCARD CHEQUE Payable to: **Western Healthcare Improvement Network**
 If paying by credit card, provide the information below and fax this form to **(604) 945-3576**.

VISA MasterCard Amount \$ _____

card number _____ expiry date _____

name of cardholder (please print) _____

signature _____

Final registration deadline:

May 14, 2008

Please mail or fax registrations to:
 WHIN c/o The CIA Inc.
 P.O.Box 41069
 2529 Shaughnessy Street
 Port Coquitlam, BC V3C 5Z9
 fax: (604) 945-3576

For more information contact:

The Conference Intelligence Agency
 tel: (604) 945-3574
 e-mail: azmina@theciainc.com

Cancellations/refunds

We will provide a full refund minus a \$75 administration fee for cancellations received in writing by May 5, 2008. Cancellations after that date will be liable for the full conference rate. No charge will be made for substitutions. Sharing/splitting of registrations is not permissible.

Hotel information

Delta Vancouver Airport Hotel
 3500 Cessna Drive
 Richmond, BC V7B 1C7
 tel: (604) 278-1241
 toll-free: 1-800-268-1133
 fax: (604) 276-1975
dvareservations@deltahotels.com

Hotel Bedroom cut off date:
April 20, 2008

Special Notes: If paying by cheque, we recommend that you fax your completed registration form to 604-945-3576 prior to forwarding to your finance department for payment. If paying by credit card, the merchant name that will appear on your statement will be The Conference Intelligence Agency Inc. (The CIA Inc.)