



8th ANNUAL SCIENTIFIC SESSIONS OF THE CARDIAC NEURODEVELOPMENTAL OUTCOME COLLABORATIVE

October 11-13, 2019

Peter Gilgan Centre for Research and Learning in collaboration with the Hospital for Sick Children • Toronto, Ontario

One form per registrant. PLEASE PRINT ~ ALL FIELDS ARE REQUIRED

Name _____
 Last Name First Name Middle Initial Credentials
 Mailing Address _____
 City _____ State _____ ZIP _____
 Institution _____ City/State _____
 Position or Title _____ Specialty _____
 Office Phone () _____ Alternate Phone () _____
 Fax () _____ Email* _____

*E-mail required for confirmation. If you have not received a confirmation email within seven days of submitting this form, contact cnoc@societyhq.com.

Registration Fees

Through Sept. 9 After Sept. 9

ALL FEES ARE
INDICATED IN USD

If you ARE from a CNOC Member Institution:

- | | | | |
|--|-------|-------|----------|
| <input type="checkbox"/> Member Physician | \$395 | \$495 | \$ _____ |
| <input type="checkbox"/> Member Allied Health (nurses, psychologists, therapists, etc.) | \$295 | \$395 | \$ _____ |
| <input type="checkbox"/> Member Associate (in training) | \$175 | \$225 | \$ _____ |

If you are NOT from a CNOC Member Institution:

- | | | | |
|--|-------|-------|----------|
| <input type="checkbox"/> Non-member Physician | \$495 | \$595 | \$ _____ |
| <input type="checkbox"/> Non-member Allied Health (nurses, psychologists, therapists, etc.) | \$345 | \$445 | \$ _____ |
| <input type="checkbox"/> Non-member Associate (in training) | \$225 | \$275 | \$ _____ |

LUNCHTIME WORKSHOPS

Friday, October 11 \$50 \$75 \$ _____

Choose one. Capacity is limited. Registration fee includes lunch.
 Delegates not purchasing a workshop will enjoy lunch on own from 12:30-2:00 pm.

- Workshop A – How to Set Up a Follow Up Program
- Workshop B – Neuro Evaluation of Infant with CHD
- Celebration Dinner**, October 11 # _____ at \$25 each for attendees and their guests. \$ _____
 (Capacity is limited.)
 Name of guest(s): _____

I have read and agree to the Refund Policy below.

TOTAL AMOUNT DUE \$ _____

BREAKFAST WITH THE PROFESSOR

Included with registration fee.

SATURDAY, OCTOBER 12, 7:00 AM

- Steven P. Miller MD CM MAS FRCPC**
 Division of Neurology
 The Hospital for Sick Children
- Jane W. Newburger MD MPH**
 Department of Cardiology
 Children's Hospital Boston
- Catherine Limperopoulos OT MSc PhD**
 Director, MRI Research of the Developing Brain
 Children's National Health System
- Kathleen A. Mussatto PhD RN**
 Nurse Scientist Investigator
 Children's Hospital of Wisconsin

Celebration Dinner
generously sponsored by

**Labatt Family
Heart Centre**

I require special assistance because of a disability or have dietary restrictions: _____

Payment in USD

Check (US currency) payable to CNOC Credit Card Payment: VISA MasterCard Discover AMEX

Credit Card No. _____ Exp. Date _____ CVV Security Code _____

Billing Address _____ Billing Zip Code _____

Signature _____ Printed Name on Card _____

Refund Policy: 80% refund through 9/9/19; no refunds after 9/9/19. Refunds will be determined by the date the written cancellation request is received. All cancellations must be in writing. Contact CNOC headquarters with any questions.