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:			
❑ Member Physician	$395	$495	$ _____
❑ Member Allied Health (nurses, psychologists, therapists, etc.)	$295	$395	$ _____
❑ Member Associate (in training)	$175	$225	$ _____
If you are NOT from a CNOC Member Institution:			
❑ Non-member Physician	$495	$595	$ _____
❑ Non-member Allied Health (nurses, psychologists, therapists, etc.)	$345	$445	$ _____
❑ Non-member Associate (in training)	$225	$275	$ _____
LUNCHTIME WORKSHOPS Friday 10/11	$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 Friday 10/11			
❑ Celebration Dinner, Registrant	$25	$25	$ _____
❑ Guest(s) of Registrant @ $25 each ____ x $25			$ _____
Name(s) of Registrant's 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.

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