



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 \$ _____

Patient/Family Members:

- Patient/Family Members on a CNOC committee Complimentary \$ N/A
- Patient/Family Members NOT on a CNOC committee \$100 \$100 \$ _____

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 \$ _____

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

BREAKFAST WITH THE PROFESSOR

Included with registration fee. Capacity is limited.

SATURDAY, OCTOBER 12, 7:00 AM

- Antonio F. Corno MD FRCS FETCS FACC**
*Chair in Congenital Cardiac Surgery
University of Leicester UK*
- Catherine Limperopoulos OT MSc PhD**
*Director, MRI Research of the Developing Brain
Children's National Health System*
- Steven P. Miller MD CM MAS FRCP**
*Division of Neurology
The Hospital for Sick Children*
- Kathleen A. Mussatto PhD RN**
*Nurse Scientist Investigator
Children's Hospital of Wisconsin*
- Jane W. Newburger MD MPH**
*Department of Cardiology
Children's Hospital Boston*

**Celebration Dinner
generously sponsored by
Labatt Family
Heart Centre**

PLEASE REFER TO PAGE TWO FOR PAYMENT OPTIONS



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PAGE TWO – PAYMENT OPTIONS

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.