

REGISTRATION FORM

18TH Annual Edmonton Schizophrenia Conference – 2010

Radisson Hotel Edmonton South, 4440 Gateway Blvd, 780-431-5820

“The Comorbidities of Schizophrenia”

Please register by October 1, 2010, to ensure seat availability.

Table with 3 columns: Date, Time, and Event/Topic. Includes events for Thursday, October 14th and Friday, October 15th.

Name: _____

Please indicate if you are a:

Address: _____

____ SSA Member ____ Consumer

City / Province: _____

____ Student ____ Healthcare

Postal Code: _____

Professional

Phone: _____

____ Family Member

E-mail: _____

Please indicate fee enclosed:

____ \$150.00 (Health care professional)

____ \$ 60.00 (Consumer/Family Member/

SSA Members/Students)

____ \$175.00 (Walk-Ins)

Please make cheque payable to: Schizophrenia Conference 2010 and mail to: Ms. Trudy Pike 1E7.14 Walter C. Mackenzie Centre 8440 – 112 Street Edmonton, AB T6G 2B7

Cancellation Policy: A \$30.00 administration fee will be held for cancellations received in writing prior to September 15, 2010. No refunds will be issued after that date.

Sorry, no credit cards accepted.

