# VANCOUVER ISLAND "TOP 5 IN 5" EMERGENCY MEDICINE CONFERENCE

APR 30, 2016

Delta Victoria Ocean Pointe Resort, Victoria BC

CON	TA	CT	DET	- A I	10
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● Dr. ● Mr. ● Ms.		● Urban ● Rural
Last Name	Given Name(s)	
Address		
City	Prov/State	Postal Code
Telephone	Fax	

#### **CONFERENCE FEES**

Email (required)

Include course materials, breakfast, refreshments & lunch

Save \$10 by registering online!	Early Bird By Mar 14, 2016	Mar 15 - Apr 4, 2016	After April 4 & On-site
Physicians	\$260	\$275	\$290
Allied Health	\$160	\$175	\$190
Residents & Students*	\$109	\$109	\$115

<sup>\*</sup>Proof of status required on-site

### **PRE-CONFERENCE EVENTS**

#### Emergency Practice, Intervention and Care - Canada (EPICC) Course

Thu, Apr 28 & Fri, Apr 29, Victoria General Hospital

\*Limited to 24 participants

An exciting new course offered by NENA and Prn Education! This 2 day course covers the core concepts of being an Emergency Nurse - new or 'seasoned'! Using a mixture of pre-course online modules, classroom, small group case practice/discussion and psychomotor skill stations we will cover the following topics: Chest pain/MI, Unconscious NYD, Anaphylaxsis, DKA, Respiratory Distress, Stroke, Sepsis, Multi trauma, Splinting, Pain, OB Emergencies, and more!

Credits: National Emergency Nurses Association – 14 hours of continuing nursing education

Fee: \$277 (discounted rate if you register for the conference at the same time)

Register me for the EPICC course

RECEPTION & LECTURES—"Stories: The Human Side of Emergency Medicine"

Fri, Apr 29, Delta Victoria Ocean Pointe Resort

Reception with no-host bar: 1800, lectures begin 1900, event ends 2100

No charge to attend, but please RSVP: I will attend I will not attend

## **PAYMENT BY MAIL OR FAX**

TATMENT DI MAIE ONTAX		
\$	● VISA ● MC	
TOTAL AMOUNT ENCLOSED		
Name of Cardholder	Signature	
Credit Card Number	Expiry Date	
*Do not email this form. No refunds or transf	fers, unless you cancel IN WRITING by April 8, 2016 for \$50.	





ubccpd.ca



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UBC CPD VGH JPPN 3300 910 W 10<sup>th</sup> Ave Vancouver BC V5Z 1M9

#### I am a:

- Family Physician/General Practitioner
- Specialist
- Other

Are you a fellow of the Royal College of Physicians and Surgeons of Canada (RCPSC)?

- Yes
- No

If yes, please list your specialty:

Personal Information is collected on this registration form pursuant to section 26 of the Freedom of Information and Protection of Privacy Act, RSBC 1996 c. 165. Information is used for the purposes of facilitating the conference and collecting aggregate statistics.

UBC CPD publishes a participant list for the course that includes the participant's name and city. Please check the box below if you DO NOT wish to have your information included on the participant list:

 I DO NOT CONSENT to being on the participant list

All participants registered for UBC CPD courses are included on the contact list for future programs. If you DO NOT wish to have UBC CPD contact you, please indicate below.

I DO NOT wish to be on the UBC CPD contact list

# **DIETARY REQUIREMENTS / ALLERGIES**

Severity: • HIGH or • LOW

foods can be in the same room, but well labeled