



**2018 Annual Meeting and Professional Development Day**  
**September 22, 2018 • Registration Deadline: September 7**  
**Hyatt Regency, 700 Centre Street SE • Calgary, AB**



**REGISTRATION FORM**

**Full Name:** \_\_\_\_\_ **Registration #:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Evidence Based Psychological Practice**

**Registration fee** includes breakfast, lunch, breaks, wine & cheese reception and all proceedings. Please indicate your dietary preference below.

**Schedule (Please select all that apply for seating and catering purposes)**

7:30 am	Registration & Breakfast
8:00 am	PAA AGM & CAP Annual Meeting
9:00 am	Welcome & Opening Remarks
9:30 am	<b>Keynote Speaker Presentation</b> > <b>Dr. David Dozois</b>
11:15 am	Featured Speaker - Dr. Derek Truscott
12:00 pm	Lunch & Networking
1:00 pm	<b>Breakout Session 1</b> (select one) Depression <b>OR</b> Indigenizing Psychology
2:15 pm	<b>Breakout Session 2</b> (select one) Anxiety <b>OR</b> Geropsychology
3:30 pm	Enlightening Speakers
4:30 - 6:00 pm	Wine & Cheese Reception

**Dietary Preference:**  
Regular  
Vegetarian  
Vegan  
Gluten Free  
Other: \_\_\_\_\_

**CEC**  
Participants attending for the full day are eligible for 6 hours of Continuing Education Credit. Please contact PAA at [rose@paa-ab.ca](mailto:rose@paa-ab.ca) for details.

**Hotel Booking:** Please use this [link](#) to access the Hyatt Regency Reservation system for a special discounted rate of \$169 per night!

**Accessibility:** If you have disabilities that require accomodation please contact CAP at [psych@cap.ab.ca](mailto:psych@cap.ab.ca) by July 31, 2018.

Please indicate appropriate fee:	Early Bird (MAY 3 - JUNE 30)	Regular (JULY 1 - SEPT 7)
Registered Psychologist:	\$175	\$199
Provisional Psychologist:	\$125	\$149
Psychology Student:	\$ 49	\$ 49
PAA Professional Affiliate:	\$125	\$149
Other:	\$249	\$249

Credit card or cheque payable to the **College of Alberta Psychologists**. A \$50.00 fee is charged on cheques returned by the bank.

**Please indicate the appropriate payment method:** AMEX      MasterCard      Visa      Cheque

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

**TOTAL PAYMENT ENCLOSED: \$** \_\_\_\_\_

**Cancellations and Refunds:** Fees will not be refunded for missed meals, late arrivals or early departures. Fees, less a \$25.00 processing charge, will be refunded if a request for cancellation is received, in writing, no later than September 1, 2018. After that date, fees are non-refundable. All refunds will be processed after the conference.

By submitting this form, I hereby consent to the College of Alberta Psychologists' collection, use and disclosure of my personal information for the purpose of conference registration and other regulatory purposes, in accordance with the *Health Professions Act*, *Personal Information Protection Act* and the Privacy Policy of the College of Alberta Psychologists, which can be found on the College website at [www.cap.ab.ca](http://www.cap.ab.ca). Please contact the Privacy Officer of the College if you have any questions.

**Please email, fax or mail the completed registration form, with payment, to:**  
College of Alberta Psychologists • 2100, 10123-99 Street NW • Edmonton, Alberta T5J 3H1  
Email: [psych@cap.ab.ca](mailto:psych@cap.ab.ca) • Fax: 780-420-1241