

Ontario Psychiatric Association 99th Annual Conference
March 22 & 23, 2019 – The Omni King Edward Hotel
Registration Form

Please **print clearly** and submit via e-mail or fax to the OPA Head Office:

2233 Argentia Road, Suite 304, Mississauga, ON L5N 2X7 Email: opa@eopa.ca

Fax : (905) 826-4873

Title: _____ First Name: _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ Email: _____ Profession: _____

Registration Fee Information:

Included in your Member Full Conference registration: Complimentary continental breakfast, luncheon, morning and afternoon coffee breaks each day and one complimentary ticket to the OPA Reception. (register below for additional Reception tickets)

Included in your Non-Member registration: Complimentary continental breakfast, luncheon, morning and afternoon coffee breaks each day.

Tickets to the OPA Reception are available at an additional cost. (See below.)

EARLY BIRD SPECIAL – Register by February 22, 2019 and SAVE \$70.00 on your Full Conference Registration!

Registration Fee	Before February 22, 2019		After February 22, 2019		Reception
	Daily Rate	Full Conference	Daily Rate	Full Conference	
OPA Member - Full	.300 + HST = 339.00	.445 + HST = 502.85	.350 + HST = 395.50	.515 + HST = 581.95	*1 complimentary ticket per registrant, for Full Conference only. Additional tickets \$50 + tax = 56.50
OPA Member Associate/Life/Inactive/Honorary	.270 + HST = 305.10	.365 + HST = 412.45	.320 + HST = 361.60	.435 + HST = 491.55	
OPA Member - Resident	FREE	FREE	.45 + HST = 50.85	.90 + HST = 101.70	
Medical Students (Student ID required)		FREE	.45 + HST = 50.85	.90 + HST = 101.70	
Non Members – Physicians	.450 + HST = 508.50	.645 + HST = 728.85	500+ HST = 565.00	.715 + HST = 807.95	75 + HST = 84.75 each
Non Members – Allied Health Care Professionals	.290 + HST = 327.70	.385 + HST = 435.05	.340 + HST = 384.20	.455 + HST = 514.15	

Refund Policy:

A \$75 cancellation fee will apply to all refunds issued before March 8, 2019. After this date, no refunds will be issued.

OPA HST Registration Number: 12042 8529 RT 0001

Registration Fee Calculation:

I am a Member MIT/Resident Medical Student Non-member

Full Conference \$ _____

One day only (please indicate day attending) Friday Saturday \$ _____

Total # of reception tickets purchased: \$ _____

TOTAL Payable (amount authorized for payment): **\$ _____**

Form of Payment:

Cheque (payable to The Ontario Psychiatric Association)

Privacy Policy for conferences:

Personal information collected on this form will only be used for purposes of conference administration.

I consent to have my information used to provide me with OPA communications.

YES NO