



# Canadian Congress on suicide prevention October 26 – 29, 2008

## IDENTIFICATION

Ms  Mr.  Dr.  Pr.

First Name \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Organisation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Food restrictions \_\_\_\_\_

Please provide simultaneous translation services

## REGISTRATION FEE

Including taxes.

### PRE-CONGRESS ACTIVITIES

	Until 12-09-2008	After 12-09-2008	
<input type="radio"/> Three day training (AQPS)	CDN\$310.00	CDN\$365.00	=CDN\$ _____
<input type="radio"/> SafeTALK Training – FR	CDN\$50.00	CDN\$65.00	=CDN\$ _____
<input type="radio"/> SafeTALK Training – ANG	CDN\$50.00	CDN\$65.00	=CDN\$ _____
<input type="radio"/> Become a Trainer of SafeTALK (Registration via <a href="http://www.livingworks.net/ST-T4T_Reg20081026.php">www.livingworks.net/ST-T4T_Reg20081026.php</a> )			

### CONGRESS

<input type="radio"/> AQPS / ACPS Members	CDN\$380.00	CDN\$435.00	=CDN\$ _____
<input type="radio"/> Non-members	CDN\$480.00	CDN\$535.00	=CDN\$ _____
<input type="radio"/> Community stakeholders, volunteers	CDN\$390.00	CDN\$445.00	=CDN\$ _____
<input type="radio"/> Students*, Survivors	CDN\$255.00	CDN\$310.00	=CDN\$ _____
Will you attend the opening cocktail?	<input type="radio"/> Yes	<input type="radio"/> No	
Will you attend the Gala evening?	<input type="radio"/> Yes	<input type="radio"/> No	

### ONE DAY REGISTRATION

Specify the day that you will attend:  Monday, October 27  Tuesday, October 28  Wednesday, October 29

<input type="radio"/> One day registration (members)	CDN\$180.00	CDN\$205.00	=CDN\$ _____
<input type="radio"/> One day registration (non-members)	CDN\$230.00	CDN\$255.00	=CDN\$ _____
<input type="radio"/> One day registration (Community stakeholders, volunteers)	CDN\$190.00	CDN\$215.00	=CDN\$ _____
<input type="radio"/> One day registration (students*, Survivors)	CDN\$120.00	CDN\$155.00	=CDN\$ _____

\* Students must provide proof of student status

### SOCIAL PROGRAMME

<input type="radio"/> Gala evening	CDN\$65.00	CDN\$85.00	=CDN\$ _____
		<b>GRAND TOTAL</b>	<b>=CDN\$ _____</b>

## Payment

Cheque payable to : Association québécoise de prévention du suicide  **Credit card:**  Visa  Master Card

Card Number: \_\_\_\_\_ Expiry Date (MM/YY): \_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

I took note of the policy of cancellation of the congress Signature: \_\_\_\_\_

Please send your form and payment to:

CASP 2008  
50, St-Charles Blvd.  
P.O.Box. 26740 Beaconsfield Qc H9W 6G7

Phone: + 1 514 695-1624  
Fax: + 1 514 918-0548  
Email: [congressaqps2008@aqps.info](mailto:congressaqps2008@aqps.info)  
Website: [www.congressaqps2008.info](http://www.congressaqps2008.info)