



# Canadian Cardiac Oncology Network

## 4<sup>th</sup> Annual CCON Conference Registration Form

The following form must be submitted to the Canadian Cardiac Oncology Network for attendance to the **4<sup>th</sup> Annual CCON Conference**.

**Date:** May 8-9, 2014  
**Address:** Ottawa Convention Centre  
55 Colonel By Drive, Ottawa, ON K1N 9J2

Please submit the completed registration form to [info@cardiaconcology.ca](mailto:info@cardiaconcology.ca) no later than **Friday, April 11, 2014**.

<b>General Registration Information</b> <i>Please Print Clearly</i>			
<i>Title</i>	<i>First Name</i>	<i>Last Name</i>	<i>Telephone</i>
<i>Position</i>		<i>Organization</i>	<i>Fax</i>
<i>Address ( <input type="checkbox"/> Home <input type="checkbox"/> Office)</i>		<i>City</i>	<i>Province/State</i>
<i>Postal/Zip Code</i>		<i>Email</i>	
<i>Special Needs (food, allergies, wheelchair, etc.)</i>			

## Accommodations

**Fairmont Chateau Laurier**  
 1 Rideau Street, Ottawa, ON K1N 8S7  
 1 (613) 241-1414 / 1 (800) 257-7544

**Group Rate:** \$239.00 + taxes and fees  
**GroupMAX reservation website:**  
<https://resweb.passkey.com/go/ohcc2014>

\* Attendees are responsible for booking and paying for their accommodations and travel.

## Method of Payment *Please Print Clearly*

Please select a payment

**\$200.00 — Registration fee**  
*(includes all meals and conference materials)*

**\$50.00 — Medical Residents and Fellows**  
 \* Must Provide proof of training level with a signed letter from the Program Director.

Optional Dinner — Thursday, May 8, 2014 (Location TBD)

**\$60.00 — Optional Conference dinner**  
 \* For attendees only.

**\$120.00 — Optional Conference dinner**  
 \* For attendees and 1 guest.

Please select a payment method

**Credit Card:** *If paying by credit card, please submit the completed registration form by email, mail, or fax using the information listed below.*

Visa

Mastercard

American Express

Card Number

Expiration Date

Name on Card

Total Amount (to be charged to credit card)

**Cheque:** *If paying by cheque, please make payable to: OHCO 979207000 and mail to Monica Skillen with your completed registration form:*

**Monica Skillen**  
 501 Smyth Road, Box 912  
 Ottawa, ON K1H 8L6

**Phone:** (613) 737-7700 x 70170  
**Fax:** (613) 247-3511  
**Email:** [mskillen@toh.on.ca](mailto:mskillen@toh.on.ca)

**Additional Information** *Please Print Clearly*

**Case Studies**

*Please submit a challenging patient case study related to cancer treatment and cardiac toxicity. Submit your case study summary with your registration to be reviewed by the planning committee. Please include: patient demographics, cancer type, staging, treatment options, challenge, etc. A selection of cases will be discussed at the conference.*

*Yes, case study attached.*

*No, I will not be submitting.*