



Conference Registration Form

Conference Role

- COACH Member - Access Code _____ Non-Member*
- Speaker/Poster Presenter - Access Code _____ Student**

Participation

- Conference Workshop Only Trade Show Only (Attendees)

Delegate Information (all fields must be completed)

- Dr. Mr. Mrs. Ms.

First Name _____

Last Name _____

Title _____

Organization/Academic Institution (max 28 characters) _____

Department _____

Address _____

City _____ Prov/State _____

Postal/Zip Code _____ Country _____

Phone _____ Fax _____

Cell Phone _____

Email _____

CC Email _____

Emergency Contact Name _____

Emergency Contact Telephone # _____

Professional Designation (Check all that apply)

- CPHIMS-CA RN PMP
- CHIM MD N/A
- Other _____

Professional Role

- Clinical & Health Sciences (ex. Senior Clinical Informatics, Clinical Analyst)
- Canadian Health System
(ex. Policy/Strategic Planning, Risk Management, Business Analysis)
- Project Management (ex. Portfolio/Program Management, Project Management)
- Organizational & Behavioural Management
(ex. Account/Product/Service Management, Change Management, Training & Development)
- Analysis & Evaluation (ex. Research, Information Analysis, Benefits Evaluation)
- Information Management
(ex. Privacy, Standards, Data Quality, Health Records, Coding/Classifications)
- Physician
- Nurse
- Allied Health Care Professional
- Other _____

The above categories are aligned with COACH's HIP Career Matrix and Role Profiles. Please see https://secure.coachorg.com/career_development/professionalism/advancing_the_profession.htm for mor information.

Employment Setting

- Academic Institution IM, IT & Solution Vendors
- Community-Based Health Organization/Network Independent Consultant
- Consulting Firm Not-for-Profit Organization/Association
- Government or Associated Agency Provider Clinic/Practice
- Hospital or Regional Health Organization Other _____

Number of years in the field: <1 1-5 6-10 >10

- I have attended an e-Health conference before.
- I am a COACH member
- I do not wish to have my contact information disclosed to vendors, published in the delegate list or used in any demonstration in the context of this conference.

Special Diet Request

(All special dietary requests may not be accommodated.)

- Vegetarian Allergy/Other _____

Delegate Activity Selections

Please indicate which of the following will be attended by checking the appropriate box. Boxes left unchecked will be considered **not** attending.

Social Activities

The following are **included** in registration fees (except one-day registrations):

- Welcome Reception | Sunday May 30th, 2010 | 5:30 PM – 7:30 PM
- 5K Fun Run | Monday May 31st, 2010 | 6:30 AM – 7:30 AM

Shirt Size: Mens' Ladies' | X-Large Large Medium Small

- Exhibit Reception | Monday May 31st, 2010 | 5:00 PM – 7:00 PM
- Evening Social | Tuesday June 1st, 2010 | 7:00 PM – 10:00 PM
- Lunch & Closing Speaker | Wednesday June 2nd 2010 | 12:00 PM – 2:00 PM

Additional Tickets for Social Activities (see page 2 for fees)

- Welcome Reception | Sunday May 30th, 2010 | 5:30 PM - 7:30 PM

I wish to purchase a ticket for the Welcome Reception.

- Evening Social | Tuesday June 1st, 2010 | 7:00 PM - 10:00 PM

I wish to purchase a ticket for the Evening Social.

Pre-Conference Workshops (Sunday May 30th, 2010)

See page 2 for workshop fees.

Morning Workshop – 9:00 AM - 12:00 PM | Select one only | (Fees apply)

- W1: Leading Diverse Stakeholders to Effective Decisions

- W2: From Benefits Evaluation to Clinical Adoption:
An Overview of Concepts, Methods/Tools and Case Studies

- W3: What it takes to be a good Business Analyst (BA)

- W4: Procurement - Healthcare IT: Contract Structure, Negotiation and Post Closing

Afternoon Workshop – 1:00 PM - 4:00 PM | Select one only | (Fees apply)

- W5: Evolving the Blueprint to Enable Interdisciplinary Patient-Centric Care

- W6: Evaluation Approaches for Physician Office Electronic Medical Record Systems

- W7: Indicator Development, Wait Times and E-Health - Tying it Altogether

- W8: Using Information Technologies for Meaningful Public Engagement:
Issues and Opportunities

Canadian Telehealth Forum - SIG – 9:00 AM - 12:00 PM | Select one only |

- S1: International Special Interest Group

- S2: Paediatric Special interest Group

- S3: Technology Special Interest Group

- S4: National Telehealth Coordinators Special Interest Group

- S5: Aboriginal Telehealth Knowledge Circle Special Interest Group

- S6: Emergency Telemedicine Special Interest Group

- Canadian Telehealth Forum - Plenary Session - 1:00 PM - 5:00 PM

CPHIMS - CA Exams** (see page 2 for fees)

- CPHIMS - CA Review Course | Sunday, May 30th, 2010 | 1:00 PM – 4:00 PM

- CPHIMS - Exam | Wednesday, June 2nd, 2010 | 9:00 AM – 11:00 AM

- CA Exam | Wednesday, June 2nd, 2010 | 12:00 PM – 1:00 PM

**Eligibility

To be eligible for the CPHIMS - CA exams, candidates must fulfill one of the following requirements for education and work experience. Please check the box that most applies to your qualifications:

- Baccalaureate degree (or global equivalent) plus five (5) years of associated information and management systems experience* three (3) of those years in healthcare

- Graduate degree (or global equivalent) plus three (3) years of associated information and management systems experience* two (2) of those years in healthcare

*Associated information and management systems experience includes experience in the following functional areas: administrative/management, clinical information systems, e-health, information systems, or management engineering.

Deadline to register for the exam is May 12th, 2010

Conference Registration Form

Summary of Fees Due

Please check the fee(s) that apply to your registration. Fees do not include 5% GST #12450 1529 RT0001. Please add 5% GST when calculating total due. All fees are in Canadian dollars.

Full Registration	By April 5, 2010	After April 5, 2010
<input type="checkbox"/> COACH Member	\$940	\$1185
<input type="checkbox"/> Non-Member*	\$1150	\$1400
<input type="checkbox"/> Student**	\$275	\$325
<input type="checkbox"/> Speaker/Poster Presenter	\$580	\$725

One-Day Registration	By April 5, 2010	After April 5, 2010
<input type="checkbox"/> COACH Member	\$360	\$430
<input type="checkbox"/> Non-Member*	\$410	\$515
<input type="checkbox"/> Speaker	Complimentary	Complimentary

Date attending One-Day Reg: Mon. May 31 Tues. June 1 Wed. June 2

Trade Show Only \$275 per day

Date attending Trade Show Only Mon. May 31 Tues. June 1

Pre-Conference Workshops (Sunday, May 30th, 2010)

Workshop Fees WITH FULL conference registration	By April 5, 2010	After April 5, 2010
<input type="checkbox"/> COACH Member	# ___ x \$160 = ___	# ___ x \$195 = ___
<input type="checkbox"/> Non-Member*	# ___ x \$185 = ___	# ___ x \$220 = ___
<input type="checkbox"/> Student**	# ___ x \$55 = ___	# ___ x \$80 = ___

Workshop Fees WITHOUT FULL conference registration	
<input type="checkbox"/> Workshop Only	# ___ x \$220 = ___

Please note the number of workshops attending and fees due above.

CPHIMS - CA Exams (Deadline to register for the exam is May 12, 2010)

<input type="checkbox"/> CPHIMS - CA Review Course (COACH Member)	\$140
<input type="checkbox"/> CPHIMS - CA Review Course (Non-Member)	\$160
<input type="checkbox"/> CPHIMS - Exam (COACH Member)	\$320
<input type="checkbox"/> CPHIMS - Exam (Non-Member)	\$400
<input type="checkbox"/> CA Exam	\$80

Extra Tickets for Social Events	By April 5, 2010	After April 5, 2010
<input type="checkbox"/> Welcome Reception	\$45 Each	\$55 Each
<input type="checkbox"/> Evening Social	\$80 Each	\$90 Each

SUB-TOTAL	\$
GST (5%)	\$
TOTAL	\$

GST Tax-exempt number if applicable: _____

You will be required to fax in a letter confirming your GST exemption to 604-685-3521.

I have read, understand, agree with and authorize all of the charges pertaining to the requested registration fees for the e-Health 2010 Conference. I understand and agree to the conditions and penalties outlined in the Cancellation Policy.

Registration Fee Inclusions

Full registration fees include the following: access to all sessions; conference materials and proceedings; all conference meals; Welcome Reception; Exhibit Reception, Evening Social, access to exhibit and all poster sessions. Registration for workshops is available for an additional fee.

One-Day registration fees include the following: access to all sessions for the day purchased; conference materials and proceedings; conference meals for the day purchased (Welcome Reception and Evening Social

are not included – tickets must be purchased separately); access to exhibit and poster sessions. Registration for workshops is available for an additional fee.

****Students** will be required to present a valid student ID card at the On-site Registration Desk and must be currently registered **full time** at a post-secondary or secondary institution.

Workshop Only registration provides access to only those workshops on Sunday May 30th, 2010 and no other conference activities.

Trade Show Only registration fees provides access to the Trade Show only on Monday May 31st and/or Tuesday June 1st, 2010 based on which dates have been purchase and no other conference activities.

Poster Presenters must register for the Full conference.

Form of Payment

Payment in full for registration fees is required prior to the conference.

Company cheque enclosed (made payable to **Advance Group/E-Health 2010**)

Visa MasterCard

Please note: charge will be posted on your credit card statement as **Advance Group**.

Cardholder's name as it appears on the card (please print): _____

Card #: _____

Exp. Date: _____ (MM/YY) CVD #: _____

Signature: _____

Authorizing signature must be the same as the name appearing on the credit card.

If this is not your credit card, please provide the following information:

Cardholder's email address: _____

Cardholder's phone number: _____

Cancellation Policy

All cancellations must be submitted in writing to Advance Group. Cancellations received prior to 5:00 PM PT April 30, 2010 will be eligible for a full refund less \$100.00 CDN (plus taxes) of the registration fee paid and a \$50 CDN (plus taxes) administration fee. Registration cancellations received after 5:00 PM PT April 30, 2010 are fully non-refundable. An alternate attendee name may be substituted at any time for a \$50.00 CDN (plus taxes) processing fee.

CPHIMS - CA Exams Registrations Fees are non-refundable.

All changes that cannot be made online are subject to a \$50 CDN (plus taxes) administration fee.

Credit Cards that need to be reprocessed are subject to a \$75 CDN (plus taxes) administration fee.

Fax or mail your completed form to:

e-Health 2010 Conference
Attention: Advance Group
Suite 101 - 1444 Albern Street
Vancouver, BC Canada V6G 2Z4
Facsimile: 604 685 3521

For any questions contact the e-Health 2010 Conference Secretariat:

Telephone: 604 688 9655 (ext 2)

Email: ehealthreg@advance-group.com

If you do not have your COACH Member access code contact Cristina Ramos at, COACH Membership Services at cramos@baseconsulting.ca

*BECOME A COACH MEMBER AND SAVE

COACH Membership is open to all individuals with an interest in health informatics, health information management, or related health care issues and practices. Individual member dues are \$185.00 per year.

To become a member visit www.coachorg.com

Please retain a copy of this form for your records.