

SJÖGREN'S SYNDROME

"Networking with New Directions"

2019 NATIONAL CONFERENCE

Saturday, April 27, 2019

April 26th Evening Welcome Reception & Early Registration

DoubleTree by Hilton Hotel Toronto Airport West

5444 Dixie Rd, Mississauga, ON

(Located off Highway 401, close to Toronto Pearson Airport, 30 mins to downtown Toronto)

Fri., April 26, 2019:
8:00 p.m. – 9:00 p.m.

Evening Welcome Reception & Early Registration (optional)
Appetizers, Coffee & Tea served

Sat., April 27, 2019:

Conference 8:15 a.m. – 4:30 p.m.

Breakfast, lunch and snacks provided

(Gluten-free or vegetarian meals available upon request at time of registration)

7:30 a.m. – 8:15 a.m.
8:15 a.m. – 4:30 p.m.

Registration and Exhibitor Booths Open (Breakfast starts)
Presentations

Your Conference registration fee does not include your hotel room.

An excellent reduced rate of \$119.00 (plus taxes) per night has been negotiated at the Double Tree by Hilton Hotel. To receive this discounted rate, **you must book YOUR room by March 27, 2019**. To book your room, contact the Hotel's Reservations Department at 1-800-560-7753 or 1-905-624-1144; quote the group, "Sjögren's Society of Canada".

CONFERENCE REGISTRATION FORM

1. ATTENDEE – complete for each registrant

Attendee Name _____ E-mail Address _____
Street Address _____ City _____
Province _____ Postal Code _____ Telephone _____

2. FEES - Please indicate appropriate fee(s). EARLY BIRD DEADLINE is March 27, 2019

SJSC MEMBERS (Non-professionals ONLY)

_____ March 27/19 & before: SjSC Members - \$125 per person; \$95 per person for family or caregiver

_____ March 28/19 & after: SjSC Members - \$145 per person; \$95 per person for family or caregiver

NON-MEMBERS (Non-professionals ONLY)

_____ March 27/19 & before: Non-Members - \$170 per person (includes 1 year membership); \$95 per person for family or caregiver

_____ March 28/19 & after: Non-Members - \$190 per person (includes 1 year membership); \$95 per person for family or caregiver

TOTAL FEES \$ _____ Gluten-Free Meal Vegetarian Meal Other Allergies/Restrictions _____

3. PAYMENT METHOD

MAIL: Cheque payable to Sjögren's Society of Canada with completed form to:
304-31 Mechanic Street, Paris, ON N3L 1K1

FAX : fill in CREDIT CARD information and fax completed form to 1-519-302-0471

EMAIL: scanned completed and signed copy to info@sjogrenscanada.org - In subject line indicate "Registration Form"

A. _____ Cheque or money order

B. Credit Card Payment _____ VISA _____ MASTERCARD Expiry Date ____/____ (Month/Year)

Card # _____ Exact Name on card: _____

(Please print clearly)

Signature _____ Date _____

- Substitutions may be made if the original registrant is unable to attend.
- Refund requests must be in writing. Written requests received prior to March 27, 2019 will receive a 50% refund. After that time, no refunds can be made.

FOR MORE INFORMATION, CONTACT THE SJÖGREN'S SOCIETY OF CANADA
Phone: 1-888-558-0950 or 1-519-302-0051 or visit www.sjogrenscanada.org

