



REGISTRATION FORM

September 26 – 30, 2010
Vancouver, British Columbia, Canada

Please complete a separate form for each registrant. You may register in advance of the Meeting, up until September 15, 2010. After this date, please register onsite at the Meeting.

**PLEASE FAX COMPLETED FORM AND PAYMENT INFORMATION TO
+1-604-984-6434 OR MAIL TO THE ADDRESS AT THE BOTTOM OF THE LAST PAGE.**

PERSONAL DETAILS (please write clearly)

Title <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs.	
First Name:	Last Name:
Organization:	
Position/Job Title:	
Address Line 1:	
Address Line 2:	
City:	Province / State:
Postal / Zip Code:	Country:
Primary Phone:	Fax:
Email Address:	
In case of emergency during the meeting, please contact (provide name): _____	
Emergency Contact phone _____	
<input type="checkbox"/> Please check the box if you <u>do not</u> wish to have your contact information included on the participant lists.	

REGISTRATION (All fees are quoted and processed in Canadian Dollars)

<i>Fees are valid only if registration <u>and</u> full payment are received by the deadline dates for each registration fee category</i>	Super Early Bird (until Jan 15, 2010)	Early Bird (until June 09, 2010)	After Early Bird (until Aug 15, 2010)	Onsite (as of Aug 16, 2010)
Standard Registration (Includes 4 lunches)				
ISH/CHS/CCCN Member	<input type="checkbox"/> \$ 795	<input type="checkbox"/> \$ 895	<input type="checkbox"/> \$ 995	<input type="checkbox"/> \$ 1195
Non-Member	<input type="checkbox"/> \$ 945	<input type="checkbox"/> \$ 1,045	<input type="checkbox"/> \$ 1,145	<input type="checkbox"/> \$ 1,345
Student	<input type="checkbox"/> \$ 450	<input type="checkbox"/> \$ 450	<input type="checkbox"/> \$ 550	<input type="checkbox"/> \$ 750
Basic Registration (No lunch included)				
ISH/CHS/CCCN Member	<input type="checkbox"/> \$ 695	<input type="checkbox"/> \$ 795	<input type="checkbox"/> \$ 895	<input type="checkbox"/> \$ 1095
Non-Member	<input type="checkbox"/> \$ 845	<input type="checkbox"/> \$ 945	<input type="checkbox"/> \$ 1,045	<input type="checkbox"/> \$ 1,245
Student	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 450	<input type="checkbox"/> \$ 650

Member Rate Requirements:

When registering as an ISH/CHS/CCCN Member please provide your Membership Number and Member Organization. This information will be verified.

ISH/CHS/CCCN Membership Number: _____

Member Organization: International Society of Hypertension (ISH) Canadian Society of Hypertension (CHS)
 Canadian Council of Cardiovascular Nurses (CCCN)

AMOUNT DUE	\$
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Please visit the ISH 2010 website (www.vancouverhypertension2010.com) for cancellation policy.



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OPENING CEREMONIES AND WELCOME RECEPTION

The Opening Ceremonies and Welcome Reception on Sunday, September 26, 2010 is included in your registration fee. To ensure that we have an accurate count of the number of attendees, we request that you confirm if you will be in attendance at this event. Please note, you must confirm your attendance prior to September 15, 2010 to receive a ticket to this event. Any registered accompanying person will automatically be included.

Yes, I will attend No, I will not attend

Experience all that Vancouver and British Columbia has to offer by participating in one of the many activities that are being offered. The following section is divided into four parts: Daily Tours, Optional Social Events, Experience Vancouver Activities and Pre and Post Meeting Tours. For detailed descriptions and what is included in the tour or event price, please visit the website at www.vancouverhypertension2010.com.

The deadline to pre-purchase tickets is September 10, 2010 (based on availability). Prices include 12% Harmonized Sales Tax (HST)

All tours are conducted in English, however depending on demand, multiple languages may be offered on daily tours. Please indicate your language of preference if other than English.

- Chinese French German Japanese Korean Mandarin Spanish Taiwanese
 Other Language: _____

DAILY TOURS (Please enter the number of tickets in the box of the tour(s) you wish to participate in.)

Tour	Depart Time	Sat 25 Sept	Sun 26 Sept	Mon 27 Sept	Tue 28 Sept	Wed 29 Sept	Thu 30 Sept	Fri Oct 1	\$PP Cdn	Total
Fjords & Glaciers Whistler	08:00								\$115.36	\$
Vancouver City Tour	13:00								\$61.60	\$
Vancouver City Tour	08:00								\$61.60	\$
Vancouver City Tour (Accompanying Persons Tour)	13:00								\$61.60	\$
Bowen Island Day Tour (Float Plane)	09:00								\$318.08	\$
Bowen Island Day Tour (Ferry)	09:00								\$211.68	\$
Victoria Butchart Gardens Day Tour	07:00								\$190.40	\$
Forests & Mountains North Shore Tour	08:00								\$134.40	\$
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SOCIAL EVENTS

For detailed descriptions, please visit the Social Program/Tours section of the Meeting website at www.vancouverhypertension2010.com. Prices include 12% (Harmonized Sales Tax) HST.

Event	Date	Cost per person	# of Tickets	Total
Sunset Dinner Cruise	Monday, Sept 27 19:00 – 22:00	\$100.80		\$
Gala Evening	Wednesday, Sept 29 19:00 – 23:00	\$99.00		\$
Experience Vancouver Activity:	Tuesday, Sept 28			
Fun Run Through Stanley Park*	17:00 – 19:00	\$0.00		
*Note: The Fun Run Through Stanley Park is for registrants only.				
AMOUNT DUE				\$

PRE & POST MEETING TOURS

The prices below are per person. The deadline to pre-purchase tickets is September 10, 2010 (based on availability). There will be no onsite ticket sales of pre & post meeting tours. If you require triple or quadruple occupancy please contact the Meeting Secretariat at ish2010@seatoskymeetings.com. Prices include 12% Harmonized Sales Tax (HST).

Name of Tour	Date	Single Occupancy	Double Occupancy
Pre Meeting Tours			
Luxury in the Wilderness at the Wickaninnish Inn	Sept 23 – Sept 25	<input type="checkbox"/> \$2,170.00	<input type="checkbox"/> \$ 1,515.00
Westcoast Wilderness Lodge Retreat	Sept 23 – Sept 25	<input type="checkbox"/> send pricing	<input type="checkbox"/> \$ 1,077.44
Post Meeting Tours			
Luxury in the Wilderness at the Wickaninnish Inn	Oct 1 – Oct 3	<input type="checkbox"/> \$ 1,795.00	<input type="checkbox"/> \$ 1,350.00
Please indicate your interest below and the Tour Operator will contact you directly.		AMOUNT DUE	\$
Rocky Mountaineer Rail Tour <i>Red Leaf</i> – Calgary to Vancouver	Sept 19 – Sept 20	<input type="checkbox"/> \$ 1,069.00	<input type="checkbox"/> \$ 989.00
Rocky Mountaineer Rail Tour <i>Gold Leaf</i> – Calgary to Vancouver	Sept 19 – Sept 20	<input type="checkbox"/> \$ 1,999.00	<input type="checkbox"/> \$ 1,919.00
Rocky Mountaineer Rail Tour <i>Red Leaf</i> – Vancouver to Calgary	Oct 1 – Oct 2	<input type="checkbox"/> \$ 1,069.00	<input type="checkbox"/> \$ 989.00
Rocky Mountaineer Rail Tour <i>Gold Leaf</i> – Vancouver to Calgary	Oct 1 – Oct 2	<input type="checkbox"/> \$ 1,999.00	<input type="checkbox"/> \$ 1,919.00
Pre conference Alaska Cruise	Sept 15 – Sept 22	<input type="checkbox"/> send pricing	<input type="checkbox"/> send pricing
Pre conference Alaska Cruise	Sept 19 – Sept 26	<input type="checkbox"/> send pricing	<input type="checkbox"/> send pricing



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ACCOMPANYING PERSON(S)

If you wish to purchase an Accompanying Person(s) package please indicate the number of accompanying persons and then provide their first and last name(s), each name separated by a comma.

	Cost per person	# of Tickets	Total
Accompanying Person(s)	\$180.00		\$
		AMOUNT DUE	\$

Accompanying Person name(s) only needs to be provided if purchasing an accompanying person package.

Accompanying Person first and last name(s):

PLANNING FOR YOUR PARTICIPATION

Dietary Requirements None Vegetarian Vegetarian (seafood & poultry okay) Vegan (no seafood, eggs or dairy)
 Gluten Free Other _____

Accompanying Person's Dietary Requirements None Vegetarian Vegetarian (seafood & poultry okay)
 Vegan (no seafood, eggs or dairy) Gluten Free Other _____

* If you have more than one accompanying person please list their name(s) and their dietary requirements:

Do you require special assistance (e.g. accessibility)? – please specify:

What is your primary area of work?

- Clinician Basic Scientist Nurse Dietician Population Health and Public Policy Specialist
 Pharmacist Psychologist / Behavioural Scientist Other _____

METHOD OF PAYMENT

TOTAL AMOUNT DUE: CDN \$

I have attached a cheque or money order payable to "ISH 2010".
IMPORTANT: The cheque or money order must be in Canadian Dollars & drawn from a Canadian bank account.

I have submitted a bank transfer for the total amount due (in Canadian Dollars) to the account indicated below.
IMPORTANT: Please note "ISH 2010" and the name of the delegate on the transaction.

Please debit my credit card for the total amount due. Fees will be processed in Canadian Dollars. Please note that the name "Sea to Sky Meeting Management Inc." will appear as the vendor on your credit card statement.

Card Type: MasterCard Visa Card Number _____ Expiry _____

Three Digit CVV: _____

Cardholder _____ Signature _____

MAIL OR FAX FORM AND PAYMENT TO:

ISH 2010
c/o Sea to Sky Meeting Management Inc.
Suite 206, 201 Bewicke Avenue
North Vancouver, BC, Canada, V7M 3M7
Phone: +1-778-338-4142 ♦ Fax: +1-604-984-6434

BANK TRANSFER INFORMATION:

Institution No.: 004
Branch No.: 94000
Swift code: TDOMCATTTOR
Account #: 94000 5307890
Account Name: 23rd Scientific Meeting
Of the International Society of
Hypertension

Bank Address:
TD Canada Trust
Pacific Centre
700 West Georgia Street
Vancouver, British Columbia
Canada V7Y 1A2