



2017 Upper Great Lakes Palliative Care and Hospice Conference

**October 24 & 25, 2017
Conference Registration Form**

Name: _____

Fax: _____

Agency: _____

Phone: _____

Title: _____

Email: _____

Address: _____

Discipline:
 _____ Nursing _____ Physician

City: _____

_____ Social Work _____ Chaplain

State: _____ Zip: _____

_____ Caregiver _____ Other

Please select registration type:

- | | | |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | Early Bird (<i>Now-Sept 30th</i>) | \$100.00 |
| <input type="checkbox"/> | General (<i>October 1st - Oct. 13th</i>) | \$125.00 |
| <input type="checkbox"/> | Late (<i>after Oct. 13th</i>) | \$150.00 |
| <input type="checkbox"/> | Caregiver or Verified College Student | \$50.00 |
| <input type="checkbox"/> | LSH Volunteer | \$25.00 |

Payment enclosed
 Charge my Credit Card

Name _____

Card# _____

Exp. Date _____ CVV _____

Signature _____

Registration Closes October 24th

Pre-conference Tuesday Workshop Choices (*each workshop is an additional \$25*):

1___ OR 2___ 3___ OR 4___

Concurrent Session Choices: A, B, C, D, E— Circle one from each session:

A: 1, 2, 3 B: 1, 2, 3 C: 1, 2, 3, 4 D: 1, 2, 3, 4 E: 1, 2, 3, 4

Pre-registration is required. Registration fees, less a \$75 cancellation fee, are refundable if notice of cancellation is given on or before October 17.

Questions? Contact Julie Higbie or Sue Kittl at 906-225-7760

Please send this form via fax, mail, or email with Attn: Conference at Fax: 906-225-7765, Email: [jhigbie@lakesuperiorhospice.org](mailto:jhgibie@lakesuperiorhospice.org), Address: 914 W. Baraga Ave Marquette, MI 49855.