



11th ANNUAL SCIENTIFIC SESSIONS OF THE CARDIAC NEURODEVELOPMENTAL OUTCOME COLLABORATIVE

October 25-27, 2022 | Preconference Workshop October 24

Brought to the learner in hybrid format in collaboration with CHU Sainte-Justine Hospital

One form per registrant. PLEASE PRINT ~ ALL FIELDS ARE REQUIRED

Name _____
Last Name First Name Middle Initial Credentials

Mailing Address _____

City _____ State _____ ZIP _____

Institution _____ City/State _____

Position or Title _____ Specialty _____

Office Phone () _____ Alternate Phone () _____

Email* _____ *E-mail required for confirmation.

If you have not received a confirmation email within seven days of submitting this form, contact cnoc@cardiacneuro.org.

Please indicate whether you will attend in person or virtually.

I will be attending In person Virtually

Your registration will **NOT** be processed if you have not indicated whether you will attend in person or virtually. You must complete both pages of this form. In person and virtual meeting participants will have access to the livestream sessions through the Mobile Meeting Guide during the meeting, as well as access to session recordings after the meeting.

PRECONFERENCE WORKSHOP REGISTRATION

<input type="checkbox"/> Members and Non-members	\$50 USD through September 26	\$100 USD after September 26
<input type="checkbox"/> People with CHD and their family members and LMIC colleagues	Complimentary with Scientific Sessions. See below.	

SCIENTIFIC SESSIONS REGISTRATION

CNOC Member Registration	Through 9/26/22	After 9/26/22	Non-Member Registration	Through 9/26/22	After 9/26/22
<input type="checkbox"/> Physicians	\$450 USD	\$500 USD	<input type="checkbox"/> Physicians	\$475 USD	\$525 USD
<input type="checkbox"/> Psychologists	\$350 USD	\$400 USD	<input type="checkbox"/> Psychologists	\$375 USD	\$425 USD
<input type="checkbox"/> Therapists, Nurses, Students/Trainees	\$300 USD	\$300 USD	<input type="checkbox"/> Therapists, Nurses, Students/Trainees	\$325 USD	\$325 USD

People with CHD & Family Members

<input type="checkbox"/> Attending in-person	\$100 USD	\$100 USD	Complimentary for those actively serving on a CNOC Standing Committee Committee: _____
<input type="checkbox"/> Attending virtually	\$10 USD	\$10 USD	

Colleagues from a World Bank-defined Low and Middle Income Country (LMIC)

This registration fee does not include continuing education credits, although you will be able to print a Certificate of Attendance. Documentation of residence/work place required (e.g., a photo ID). Please scan/mail/fax with registration.	Virtual \$50 USD	Virtual \$50 USD	Includes both the Preconference Workshop and the Scientific Sessions
	In person \$100 USD	In person \$100 USD	

Celebration Dinner

\$45 per ticket Registrant Guest(s) # _____

Guest(s) names: _____

Subtotal @ \$45 per ticket \$ _____

TOTAL AMOUNT DUE: \$ _____

I have read and agree to the **Refund Policy**: 80% refund through 9/26/22; no refunds after 9/26/22. Refunds will be determined by the date the written cancellation request is received. All cancellations must be in writing. Contact CNOC headquarters with any questions.



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REGISTRATION FORM, PAGE 2

The meeting format is a hybrid of in-person and virtual. You can choose to attend in person in Montréal or virtually from your home or office. Both types of attendees will have access to the live sessions, and to the recorded sessions on demand following the meeting.

If you wish to change your registration type (i.e. In-Person to Virtual), please contact cnoc@cardiacneuro.org. **The deadline for changing your registration type is October 17, 2022.

NOTE: Registrations will no longer be accepted after the completion of the meeting program on October 27, 2022. All attendees, whether viewing the sessions in-person or virtually, will have 30 days after the end of the live meeting to complete the online evaluation and claim your CME credits.

Questions? Please email us at cnoc@cardiacneuro.org.

Payment Information:

Payment in USD

Check (US currency) payable to CNOC Credit Card Payment: VISA MasterCard Discover AMEX

Credit Card No. _____ Exp. Date _____ CVV Security Code _____

Billing Address _____ Billing Zip Code _____

Signature _____ Printed Name on Card _____

By submitting this registration, I affirm I have read and agree to the following terms:

- COVID-19 RELEASE & HOLD HARMLESS AGREEMENT: By registering and attending an Cardiac Neurodevelopmental Outcome Collaborative (CNOC) event/meeting you acknowledge that there is an unknown risk of exposure to COVID-19 through exposure to contaminated objects, as well as through personal contact. Such exposure carries with it a certain degree of risk that could result in illness, disability or death. You and your accompanying guest(s) agree to release and hold harmless CNOC, its employees, officers, management company (staff) and vendors from and against all claims of damages and liability resulting from exposure to COVID-19. Registrants/Attendees and guests also warrant they are abiding by their state/locality laws regarding COVID-19 restrictions. Initial _____ (Required field)
- CROWD RELEASE: By registering and attending an Cardiac Neurodevelopmental Outcome Collaborative (CNOC) event/meeting you grant CNOC full rights in perpetuity to use the images resulting from the photography/video filming taken at the event/meeting, and any reproductions or adaptations of the images for publicity or other purposes to help achieve CNOC's mission. This might include (but is not limited to), the right to use them in CNOC's printed publications and in online publicity, social media, and live streaming. I agree. YES initial _____ NO initial _____ (Required field)