

Preliminary Agenda

The Pulmonary Hypertension Association of Canada (PHA Canada) and the Quebec Foundation for Pulmonary Arterial Hypertension (HTAP Quebec) are pleased to announce Eastern Canada's first ever pulmonary hypertension (PH) conference.

This 2-day event is the first to bring together patients, family members and caregivers from all over Eastern Canada as well as top PH specialists from around the country.

The conference will include topics ranging from the basics of PH to updates regarding the latest developments in diagnosis and treatment. Sessions will also focus on the day-to-day challenges of living with PH and will include discussions about coping with the disease as well as about opportunities to get involved in the fight against PH. Here is your opportunity to meet and connect with other patients as well as to learn about the latest in the field of PH.

FRIDAY SEPTEMBER 25

4:00pm Registration Open
6:00pm Outing and Dinner with PH Specialists

12:30 - 2:00pm Keynote Lunch
2:15 - 3:15pm Breakout Sessions
3:30 - 4:30pm Breakout Sessions
6:30 - 8:00pm Keynote Dinner

SATURDAY, SEPTEMBER 26

8:00 - 9:30am Conference Opening Breakfast
9:45 - 10:45am Breakout Sessions
10:45 - 11:00am Coffee Break
11:00 - 12:00pm Breakout Sessions


SUNDAY, SEPTEMBER 27

8:00 - 9:30am Keynote Breakfast
9:45 - 10:45am Breakout Sessions
11:00 - 12:00pm Checkout

** Please note that this conference is fully bilingual.*

Montréal

PHA Canada & HTAP Quebec present:
THE FIRST EVER EASTERN CANADA PH CONFERENCE


PULMONARY
HYPERTENSION
ASSOCIATION OF CANADA


FONDATION
HTAPQ
HYPERTENSION ARTÉRIELLE
PULMONAIRE - QUÉBEC

FRIDAY, SEPTEMBER 25 - SUNDAY, SEPTEMBER 27, 2009
LOEWS HOTEL VOGUE, 1425 RUE DE LA MONTAGNE, MONTREAL, QUEBEC

Information

HOTEL

Two hotel blocks have been reserved for attendees of the Conference. Rooms are available at the Hotel de la Montagne, 1430 rue de la Montagne, Montreal, Quebec and across the street at the Loews Hotel Vogue, 1425 rue de la Montagne, Montreal, Quebec. **PHA Canada will make hotel reservations for you based on your registration form.** Hotel rooms will be reserved on a first come first served basis, once the room blocks are full we ask that you make your own hotel reservations and register at the *do not need a hotel room* rate.

** Please note that there is a limited number of rooms with two double beds available at each property, most rooms have a king size bed.*

***Rooms at the Loews Hotel Vogue will cost \$50 per room/per night extra on top of registration fee view the hotels at:*

Loews Hotel Vogue – www.loewshotels.com/en/Hotels/Montreal-Hotel/Overview.aspx

Hotel de la Montagne – www.hoteldelamontagne.com

SCHOLARSHIPS

The Eastern Canada PH Conference gives the Canadian PH community a chance to gather together for a common cause, to share their experiences and to learn more about PH. PHA Canada and HTAP Quebec understand that PH can be an expensive disease. Because of this HTAP Quebec is offering scholarship opportunities for those living in Quebec. Please contact HTAP Quebec directly via email at info@htapquebec.ca or by phone at 819-362-6275 to find out more.

In order to ensure that no one, outside of Quebec, who would like to attend misses out on the opportunity due to financial reasons, PHA Canada is introducing a patient scholarship program supported by a grant from Capital One to allow those who could not attend without financial assistance to do so. PHA Canada will try to assist as many applicants as we can based on the resources available in our scholarship fund, this may mean however that sadly we will not be able to help all those who apply. A patient-led committee will administer the scholarship process and will award scholarships based on funds available. To obtain a conference scholarship application and guidelines visit www.phacanada.ca/PHA_Canada/Eastern_Canada_Conference or call 1-877-7-PHA-CANADA. Applications must be received by July 25, 2009. Late applications may still be eligible depending on available funds.

CANCELLATION POLICY

Cancellations received before July 25, 2009, will be granted a full refund of the registration fee, minus a \$25 processing fee. Cancellations received between July 25 and August 25, 2009, will receive half of the registration fee, less a \$25 processing fee. Cancellations after August 25 will not be accepted without a physician's letter. All cancellations must be made in writing or via email.

Pre-registration closes September 1, 2009, after this point registration will be available on site. On site registrants will be responsible for their own hotel arrangements and fees (on site registrants will be charged the same registration fee as those not requiring a hotel room).

TRAVEL

Don't forget to make your travel reservations!

FOR MORE INFORMATION ON THE AGENDA, REGISTRATION, TRAVEL AND HOTEL PLEASE VISIT
www.phacanada.ca/PHA_Canada/Eastern_Canada_Conference

****to view the French version of this brochure please visit our website at www.phacanada.ca*

Registration Form

TWO EASY WAYS TO REGISTER: **1.** By fax 604-669-3688 or **2.** By submitting payment with registration to PHA Canada, Suite 308, 1311, Howe Street, Vancouver, BC.

REGISTER EARLY, AS SPOTS WILL FILL UP FAST. *The registration fee includes: conference participation, Friday night outing and dinner with Canadian PH specialists, all meals (breakfast, lunch, dinner) on Saturday and breakfast on Sunday, as well as conference bag and T-shirt. The base registration fee also includes two nights hotel room at the Hotel de la Montagne which is located across the street from the main venue. Stay at the main venue, the Loews Hotel Vogue, is an additional \$50 per room per night on top of registration fee.*

Please attach a separate piece of paper with information for additional registrants. If family member, please note relation.

MR. MRS. MS. DR.

Please enter name as it should appear on Conference badge. (Please Print Clearly)

FIRST NAME _____ LAST NAME _____

TITLE (E.G. RN, MD) _____

INSTITUTION/COMPANY _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ EMAIL _____

PATIENTS ONLY:

EMERGENCY CONTACT _____ EMERGENCY CONTACT PHONE _____

PATIENT COMPANION/FAMILY MEDICAL PROFESSIONAL CHILD

How many years have you had pulmonary hypertension? LESS THAN 1 2-5 6-8 9+ N/A

Will you require ice packs to keep your medication chilled throughout the day? YES NO

Please list any dietary restrictions (*meals will be low-sodium/low-fat. PHA Canada will do its best to accommodate other requests*)

T-shirt size: SMALL MEDIUM LARGE XL

Are you a member of a support group or provincial association in your area? (*please select one*) YES NO

If yes, which group?

If no, would you like to receive information about your local support group or patient association (if there is one in your area or in the future if one is formed)? YES NO

How did you hear about the Eastern Canada PH Conference? (*please check all that apply*)

PHA CANADA WEBSITE EVENT MAILING FROM A FRIEND OR RELATIVE

MEDICAL PROFESSIONAL SUPPORT GROUP/ PATIENT ASSOCIATION OTHER (PLEASE SPECIFY)

FLYER INCLUDED IN MEDICATION SHIPMENT

MEDIA STORY

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REGISTRATION TYPE	# OF ATTENDEES	FEE	TOTAL
<input type="checkbox"/> <u>ATTENDING FRIDAY NIGHT, SATURDAY AND SUNDAY</u>			
<input type="checkbox"/> PATIENT	_____	X \$100.00 =	_____
<input type="checkbox"/> COMPANION *all non-patients pay companion price	_____	X \$150.00 =	_____
<input type="checkbox"/> I WOULD LIKE TO STAY AT THE LOEWS HOTEL VOGUE (# of nights)	_____ 2 _____	X \$ 50.00 =	_____

<input type="checkbox"/> <u>ATTENDING SATURDAY AND SUNDAY ONLY</u>			
<input type="checkbox"/> PATIENT	_____	X \$ 50.00 =	_____
<input type="checkbox"/> COMPANION	_____	X \$100.00 =	_____
<input type="checkbox"/> I WOULD LIKE TO STAY AT THE LOEWS HOTEL VOGUE (# of nights)	_____ 1 _____	X \$ 50.00 =	_____

<input type="checkbox"/> <u>I WILL NOT REQUIRE A HOTEL ROOM</u>			
<input type="checkbox"/> PATIENT	_____	X \$ 25.00 =	_____
<input type="checkbox"/> COMPANION	_____	X \$ 40.00 =	_____

**registration rates are based on 1 hotel room per patient & companion, if additional rooms are required there will be a charge of \$100 per additional room per night.*

<input type="checkbox"/> I REQUIRE ADDITIONAL HOTEL ROOMS _____ (# of rooms) _____ X (#of nights) _____ X \$100 = _____	
<input type="checkbox"/> PHA CANADA MEMBERSHIP <i>Membership is required for Conference attendees, though exceptions may apply for corporate employees or physicians. If unsure about your membership status, please call 1-877-7-PHA-CANADA or email info@phacanada.ca</i> The price of annual membership is included in the Conference registration fees.	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FAMILY	_____ X \$ 0.00 = _____ 0 _____
<input type="checkbox"/> EARLY BIRD DISCOUNT (Register before June 30, 2009)	_____ X \$ -25.00 = _____
TOTAL	= _____

PAYMENT	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> CHECK ENCLOSED MADE PAYABLE TO PHA CANADA
CARD# _____	EXP. DATE: _____		
NAME (as appears on card) _____	SIGNATURE _____		