



The Heart Centre

CANADIAN CARDIOVASCULAR CONGRESS 2011 DEADLINE

July 15, 2011

***DO NOT SEND APPLICATION UNTIL ALL ITEMS ON CHECKLIST
ATTACHED***

(if any items are missing from this list, your application will be returned to you)

- COMPLETED APPLICATION**
- IF ABSTRACT SUBMITTED:**
 - COPY OF NOTIFICATION OF ABSTRACT ACCEPTANCE (if applicable)**
 - COPY OF ACCEPTED ABSTRACT (if applicable)**
 - IF YOUR ABSTRACT WAS NOT ACCEPTED, A COPY OF THE LETTER FROM THE ORGANISERS (even unaccepted abstracts improve your chances of funding)**

NB. Approval of application by the committee does not mean approval of LOA. This must be done through the usual channels by the applicant

Submit completed form to: Nicki Ordano, Admin Assistant HC Funding Committee, Room B444

PLEASE READ THE FOLLOWING INSTRUCTIONS AND GUIDELINES CAREFULLY....



Canadian Cardiovascular Congress Vancouver, BC Oct 22-26, 2011

Request Process

You must plan ahead and submit your application for the conference before July 15, 2011.

1. The conference registration fee is funded only at the early bird rate (Early bird deadline July 31, 2011)
2. Remember not all applications are successful. If the applicant chooses to pay fees early, they do so at their own risk.
3. Keep in mind that approval does **not** guarantee granting of a LOA. This must be sought via the usual channels.
4. Registration Fees are at Membership rates.
5. Obtain quotes for:
 - a. Cheapest flights (from internet or travel agent)
 - b. Cheapest Accommodation (if colleagues attending, shared accommodation).
 - i. Remember that sometimes the accommodation advertised in the program is not the cheapest and a hotel nearby could offer much cheaper accommodation.
 - ii. If you are sharing a room, split the cost of the room and each party obtain a receipt. Reimbursement is much easier that way.
6. Keep in mind that a cap will be set for conferences and claims over and above this cap must be met by the applicant.
7. Answer all questions on Request Form and attach all quotes (listed in item #5). Incomplete applications will not be reviewed and will be returned to the applicant.
8. When all payments have been made, collect **original** receipts and a **copy** of your credit card statement (if foreign currency was used).
9. Forward all original receipts together with copy of credit card statement (**with card number and other purchases blacked out**) to Nicki Ordano at the address above.
- 10. Remember.....**
 - a. Late registration penalties/submissions will **not** be reimbursed, so put your application in early.
 - b. If receipts have not been received **by 2 months after the conference**, funding will be forfeited.
 - c. If you are selected to attend and at the last minute find you cannot go – it may mean that another person can't go in your place. Remember your colleagues and let Nicki Ordano, (Nordano@providencehealth.bc.ca) know as early as possible if you can't go.
 - d. If you have already purchased flights and registration and find you cannot go, you will not be reimbursed.



Heart Centre Professional Development Conference/Workshop Funding Request Form

Employee Information:

Employee Name: _____ **Title:** _____

Dept: _____ Position: _____ **FTE:** F/T P/T Casual

Heart Centre start date: Year ____ / Month ____

Home Address (reimbursement check):

_____ Postal Code: _____

e-mail address: _____

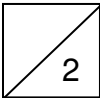
Conference Information

Event Title: CCC 2011

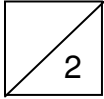
Event Dates: October 22-26, 2011 Event Location: Vancouver, BC

Website of program (title, dates, location and sessions) - WWW cardiocongress.org

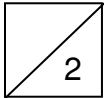
Heart Centre Program Benefit



Relevance to Practice: Provide a short explanation of how attending the conference will benefit the Heart Centre, including how you will present what you learned to your colleagues:



Plan to Disseminate information: Please provide brief, specific examples of how your attendance will benefit colleagues and/or heart centre department.



Please describe how you have contributed to your department/program in the last 2 years?

Committee/project: participation: (please describe) _____

Champion/Superuser participation: (please describe) _____

Above the call of duty responsibilities: (please describe) _____

Other contributions: (please describe) _____



Abstraction Submission

5

Are you the lead presenter?

Yes*

No

(If there are multiple presenters, the 1st author will be chosen)

1

**Are you a coauthor in an
accepted abstract?**

Yes*

No

2

**Are you the first author on
an abstract that was not accepted?**

Yes*

No

***Requirement:** submit a copy of the abstract, clearly showing your involvement ie: 1st author, co-author... See sample...}

Previous and Current Additional Funding

List all **funded** meetings attended in the last 3 years (2009, 2010, 2011)

Name of Event/s	Date/s of Event/s	Location of Event/s	Funding Source

Do you have access to other sources of funding?

Yes

No

If yes, have you applied to these sources?

Yes

No

If no, why not? _____



Reimbursement Request

Expenses that will be covered:

For Full Registration: \$330.00

For One-day Registration: \$210.00

- Registration fee at **member rate only** (late fees or memberships will NOT be paid)

NOTE: Food, entertainment, are not covered

Expenses requested – (In Canadian funds please!)

Registration fee

PLEASE INDICATE – FULL OR ONE-DAY REGISTRATION:

(attach copy – late fees will NOT be reimbursed):

\$ _____ (Cdn)

GRAND TOTAL REQUESTED

\$ _____ (Cdn)

If you have any questions about this process please contact Julie Carleton (jcarleton@providencehealth.bc.ca) or Nicki Ordano (nordano@providencehealth.bc.ca) for clarification.

Signature

Date