

The **Addiction Network Society of Canada** is hosting the

6th Annual Western Canada Addiction Forum | May 3-5, 2019

**Delta Hotels Grand Okanagan Resort
Kelowna, British Columbia**



**WCAF Pre-Forum Workshops
Registration Form**

**Thursday, May 2, 2019—1300-1700
Delta Hotels Grand Okanagan Resort**

Please complete the form below to register for the **Western Canada Addiction Forum (WCAF) Pre-Forum Workshops**, taking place on **Thursday, May 2, 2019** from **1300-1700**, at the Delta Hotels Grand Okanagan Resort. Please ensure to complete all fields that are applicable to you. Any questions, please contact the WCAF office at 604.988.0450 or email info@wcaforum.ca; info@congressworld.ca

Name	Surname	
Practice/Clinic Name		
Address		City
Province/Territory/State		Postal/ZIP Code
Tel	Email	Website
Registration		
Fee to attend <u>one</u> session:	CAD \$225.00	Please provide your credentials:
Fee to attend <u>both</u> sessions:	CAD \$350.00	

***Please note, registrants may attend both workshops.**

Select which Workshop/s you would like to attend - please use or

- () **Title:** **Treating Patients With the Sinclair Method, an Innovative Harm Reduction Tool for Alcohol Use Disorder**
Speaker: **Mandy Manak, MD, ABAM, ISAM, CSAM, MRO**
Moderator: **Claudia Christian, Actress & Activist**
Time: **1300-1500**

Learning Objectives:

- Describe the Sinclair Method prescribing protocol and treatment contraindications
- Identify at least three advantages of treatment with the Sinclair Method
- Identify best practices for guiding patient recovery using the Sinclair Method
- Recognize opportunities to personalize treatment by using the Sinclair Method in conjunction with traditional recovery practices
- Use the Sinclair Method alongside current recovery treatments in a clinical setting

- () **Title:** **Brief Intervention, How to Make a Difference in the Office Workshop**
Speaker: **Ivan Scrooby, MB.ChB, DA(SA), MCFP(FPA), MCFP(AM)**
Time: **1500-1700**

The interactive session is on psychotherapeutic strategies adapted for office practice. It is designed for short office appointments. It will allow participants to use some aspects of motivational interviewing to help patients reach a decision on change behaviour specifically adapted to addiction medicine. If a patient is not ready to change despite destructive behaviour, CBT mythology can be used to start a change of the patient to facilitate safe lifestyle. Both these approaches will be demonstrated. Each participant getting a chance to role play physician and patient Memory aids for psychotherapeutic strategies are provided on a card to use this during the session and take back to their offices for future use. This is generally advisable until the physician has successfully incorporated in their practice style. These strategies allow a physician to have more than just a prescription as treatment options.

Learning Objectives:

- Acquiring tools to assist patients in resolving their ambivalence about changing their self destructive behaviour



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Calculation of Registration Fees	Terms of Service: please use <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> to accept the terms of service
Subtotal of fees: \$ _____ . _____	() I accept the Term of Service of my registration for the WCAF Pre-Forum Workshop. <u>Cancellation and Refund Policy:</u> If you request a cancellation up to 30 days before the workshop start date, a refund will be issued, less a processing fee of CAD \$125.00 per person. Cancellation must be received in writing at the CAAM office. Please note all refunds will be processed within 4 weeks after the workshop has been completed. No refunds will be granted for cancellations made after April 2, 2019 or for non-attendance at the workshop.
GST @ 5% (76928 6287 RT0001): \$ _____ . _____	
Total: \$ _____ . _____	

Method of Payment

Send a cheque made payable to "Addiction Network Society of Canada" to the mailing address listed above. Please ensure to include a copy of your registration with payment. Or complete the following to pay by credit card and send to fax 604.929.0871.

Name on card _____ Signature _____

() Visa () MasterCard *Credit Card charges will appear as "CongressWorld" on your statement and converted to your currency.*

Security Code _____ Expiry Date _____ / _____
(3 or 4 digit code on the back)