

# How to Register Yourself in a Conference as a New User

## Destiny One Conference Manager User Guide



### If you are a new user

1.

**Preparation Course for the CCFP Exam Registration**

Beginning **June 12, 2018**, the Office of Continuing Medical Education and Professional Development (CME&PD) moved to a new registration system. If this is your first time registering in this new system, you will need to create an account. Once your account has been created, you will be able to continue with registration and online payment. Your account name (UCID) will be sent to the email address provided within **2 business days of your request**.

**I have participated in a CME&PD event since June 12, 2018 and have an account.**

If you have forgotten your UCID or Password, please use the links below.

Contact us at [cmereg@ucalgary.ca](mailto:cmereg@ucalgary.ca) or 403.220.7032 if you have any questions or require further assistance.

**This is my first time registering for a CME&PD Conference since June 12, 2018 and I need to create an account.**

Create a new user and continue to Register

**Register**

Login as an existing University of Calgary Continuing Education user:

User Name: [Forgot UCID](#)

Password: [Forgot Password](#)

**Login**

[Privacy Policy](#)

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

Registration information is collected under the authority of the Freedom of Information and Protection of Privacy Act. The contact information you provide is required by our Office to register you in the course, prepare material and courses for your use, plan for future courses and notify you of similar, upcoming courses offered by our Office. Financial information is used to process applicable fees and is retained for future reference. Call 403.220.4251 if you have questions about the collection or use of this information.

On the right side of the page, click **Register**.

2. You will be brought to the **Profile** page where you will need to enter the information required to build a user profile in the system.

**Profile**

User Name and Password

Personal Information

Email Address

Telephone / Fax

Address

Credentials

Preferred Contact Method

Please complete your profile

**User Name and Password**

New Password.\*

Retype New Password.\*

Your password must be a minimum of eight (8) characters and contain alpha, numeric characters and non-standard characters.

**Personal Information**

Salutation:

First Name.\*

Last Name.\*

Date of Birth.\*

Click to select date

Begin by entering a password in the **New Password** field. The password must be a minimum for eight (8) characters and contain at least one of each of the following: letters, numbers and non-standard characters. An example of a suitable password would be G}2xsPJ7! Note: be sure to make it something you will remember.

Reenter the password in the **Retype New Password** field.

In the **Personal Information** section, enter your **First Name** and **Last Name**.

Now enter your **Date of Birth**. You can either use the calendar date selector or type it into the field using the following format: MMM DD YYYY or Apr 15 1996. When you hit enter, the date will format properly.

3.

**Email Address**

Email Address: \*

**Telephone / Fax**

You can provide multiple numbers. Fill out the information and click the "Add Another Telephone" button for each number.  
Please include international dialing information in the area code field if applicable.

Type: \*  
Home

Country/Area Code: \*

Number: \*

Ext.:

In the **Email Address** field, enter the address where you want to receive confirmation emails, receipts, etc.

In **Telephone/Fax** enter at least one phone **Type** along with the **Area Code** and **Number**. Use the Type drop-down to select the preferred type.

4.

**Address**

Type: \*  
Home

Address 1 or Business Name: \*

City: \*

Country: \*  
Canada

Address (line two):

Province/State: \*

Other State:

Postal/Zip: \*

In **Address**, you are required to specify the **Type** of address you are providing. Now enter the street address or PO Box in **Address 1**, and the **City**. Select your **Province** using the drop-down then type in your **Postal Code**.

5. The last of the mandatory fields are at the bottom of the page under **Preferred Contact Method**. The **Preferred Method of Communication** defaults to Text Email which means any follow-up communication with respect to your registration will come via email.

The second part asks if we may contact you about future conferences and if yes, how you want to be contacted. Once you have made your selections, click **Continue** to save your profile.

The screenshot shows a form titled "Preferred Contact Method". It contains a dropdown menu for "Preferred Method of Communication:" with "Text Email" selected. Below this is a question: "May we email you about courses that we think you may be interested in?" with a note that information will not be shared. There are three radio button options: "Yes, by any method" (selected), "Yes, but only by the following methods (please check the methods that we may use to contact you)" (with checkboxes for Text Email, HTML Email, Mail, Fax, and Phone), and "No, please do not contact me". At the bottom are "Cancel" and "Continue" buttons.

You will now be taken to the **Registration Packages** page to begin your registration.

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## Completing the Registration

1. **Registration Packages**

Welcome Kelly Clarkson | [Logout](#)

Select a participant type to show available registration packages.

The screenshot shows a list of participant types with expandable details. The list includes: "1. Physician" with a "+" icon, "2. Other Health Professional" with a "+" icon, and "3. Student/Resident (Full Time Only)" with a "+" icon. At the bottom are "Cancel" and "Continue" buttons.

The Registration Packages page displays the list of participant types for this conference. Clicking the + next to the applicable type will reveal the details of the registration package available for that participant type.

## 2. Registration Packages

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Select a participant type to show available registration packages.

1. Physician

⊙

**Essential Strategies for Chronic Pain Management Course & Observership**

Early Bird \$675.00

Session selection information

The course registration fee includes:

- the academic/course day (Day 1)
- workshop materials for course day (Day 1)
- food and beverage on the course day only (Day 1)
- two days of observership at the Chronic Pain Centre (Day 2 and 3)

Additional Clinical Preceptor days can be booked (Day 4 and/or 5) with the Course Coordinator.

**CFPC MAINPRO+ GROUP LEARNING** - This Group Learning program has been certified by The College of Family Physicians of Canada for 69.0 Mainpro+ credits. Note: Mainpro+ Group Learning is 69.0 credits if all course obligations are met. Academic day (24 credits) and two observer days (22.5 credits each day).

**RCPSC MOC SECTION 3 SELF-ASSESSMENT PROGRAM** - Day 1 of this program is an Accredited Self-Assessment Program (Section 3) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by University of Calgary Office of Continuing Medical Education and Professional Development on February 8, 2017. Program expires January, 2020. Participants may claim a maximum of 9.5 hours (28.5 credits). Day 2 and Day 3 of this program meets the requirements of a traineeship as defined by the Maintenance of Certification (MOC) Program of the Royal College of Physicians and Surgeons of Canada. Traineeships are self-accredited and included under Section 2: Self-learning (planned learning). The Traineeship component has been established to be 15 hours (30.0 credits)

Awards:

College of Family Physi...	69.0 Credits
Royal College of Physic...	58.5 Credits

2. Other Health Professional

3. Student/Resident (Full Time Only)

Cancel

Continue

Once you have reviewed the package, click **Continue**.

3. On the **Additional Information** page, notice the **Confirmation Message** indicating you have 30 minutes to complete the transaction or the package will be released back into the system.

A number of questions will also display. Once you have responded to each, click **Continue** to proceed with your registration.

Additional Information

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Confirmation Message

- You have 30 minutes to complete the transaction. Your reservations will expire in 29:43.

Please provide additional information related to your registration

Participant Preferences

Participant: Kelly Clarkson (X132559)

1. Select your Profession: \*

2. Do you require a vegetarian meal: \*

☐ Yes

☐ No

Please note, we are unable to accommodate special dietary restrictions (for example, gluten free, peanut allergies).

Back

Cancel

Continue

Required fields are indicated by \*

4. On the **Review and Pay** page, you have the opportunity to view and update your **Profile Information** if necessary.

## Review and Pay

Welcome Kelly Clarkson | [Logout](#)

### Confirmation Message

- You have 30 minutes to complete the transaction. Your reservations will expire in **26:59**.

Please review your cart and profile information below. Please continue your purchase if everything is correct

### Profile Information

[View My Profile](#)



### Professional Credits

Choose Professional Credits for each registration where applicable

#### Essential Strategies for Chronic Pain Management Course & Observership

Choose at most one of the following options

- ☒ AS0082 College of Family Physicians of Canada (69.0 Credits)
- ☒ AS0083 Royal College of Physicians and Surgeons of Canada Maintenance of Credit (MOC) (58.5 Credits)

In the **Professional Credits** portion of the page, make your selection to indicate which association's credits will apply to you for this course.

### 5. My Cart

#### 1. Physician - Essential Strategies for Chronic Pain Management Course & Observership

	Quantity	Discount	Tax	Subtotal
Essential Strategies for Chronic Pain Management Course & Observership	1	--	\$33.75	\$708.75
				\$708.75

CART TOTAL: \$708.75

## Payments

Promo Code

Enter Promo Code:

[Apply](#)

In the **My Cart** section, verify the specifics of the purchase and ensure the **Cart Total** is accurate.

### 6. Important Registration Information

#### Refund Policy:

- A registration refund will be made upon written request if made at least 2 weeks before the start of the program. However \$50 will be retained for administrative costs.
- No refunds will be available for cancellations made within 2 weeks of the start of the program and thereafter.
- Refunds are processed only on the return of original receipt and to the original method of payment. All receipts must be returned within 30 days after program date.

☐ I have read and understand the [Registration Policies](#) and approve charging the above indicated amount on my credit card.\*

[Print Registration Policies](#)

[Change Registration](#)

[Cancel](#)

[Pay and Register](#)

Required fields are indicated by \*

At the bottom of the page, review the **Refund** and **Registration Policies**. Check the box to indicate you have read them and approve the charge to your credit card. Click **Pay and Register** to proceed with your purchase.

7.

Mandatory fields marked by \*

Customer Details

Billing Address

First Name: Fred  
 Last Name: Test-Flintstone  
 Company:  
 Address: 123 Bedrock Lane  
 City: Bedrock  
 Prov/State: AB  
 Country: Canada  
 Postal Code: T0M 8T0  
 Phone:  
 Fax:

Payment Details

Transaction Amount: \$1.00 (CAD)  
 Order ID: 20180612091337-45456749

Please complete the following details exactly as they appear on your card.  
 Do not put spaces or hyphens in the card number.

Cardholder Name\*:   
 Card Number\*:   
 Expiry Date (MMYY)\*:

Click 'Process Transaction' to charge your card. Only click the button once. Using the 'Back', 'Refresh' or 'Cancel' button after you press the 'Process Transaction' button will not stop the transaction from being processed and may result in a double charge.

The **Payment Details** page displays. Enter the **Cardholder Name**, the **Card Number** (no spaces), and the **Expiry Date** (no spaces or other characters between the month and year). When required information is complete, click **Process Transaction**.

8. You will return to the **Additional Information** page where you will need to verify your answers and supply any additional information required. When all information is complete, click **Continue**.

Additional Information

Welcome Kelly Clarkson | [Logout](#)

Please provide your participant preferences. Answers that you provided previously cannot be modified on this page.

Participant Preferences

1. Select your Profession:\*

Family Physician

2. Do you require a vegetarian meal:\*

☐ Yes  
☒ No

Please note, we are unable to accommodate special dietary restrictions (for example, gluten free, peanut allergies).

Required fields are indicated by \*.

9. Essential Strategies for Chronic Pain Management Course & Observership > Session Selection

Welcome Kelly Clarkson

The following sessions are available with your purchased conference registration and add-ons. You may add or remove sessions from your schedule below. (For sessions with restricted availability, please contact us for assistance.)

Selected Sessions

Print Selected Sessions

Session	Tracks	Location	Date	Time	Speaker	Availability	Remove
Day 1 – Essential Strategies for Chronic Pain Management Course			01 Jan 2019	08:00 AM - 05:00 PM		Open	
Day 2 – Observership Time			02 Jan 2019	08:00 AM - 05:00 PM		Open	
Day 3 – Observership Time			03 Jan 2019	08:00 AM - 05:00 PM		Open	

Sessions Available For Selection

Filter Sessions

Date:  ☐ Available Only

Apply Reset

Nothing found to display.

Continue to Receipt

At this point, you will be directed to the Session Selection page. In the **Selected Sessions** section, you will see all the sessions you are assigned to by default.

If this is a conference where you are able to choose additional sessions from a number of options, you will make your selections in **Sessions Available for Selection** in the lower portion of the page. You can **Apply** filters to make the list easier to navigate. As you make your selections they will display in the Selected Sessions section. When you have completed all your selections, you have the option to **Print Selected Sessions**.

To complete your registration, click **Continue to Receipt**.

10.

Confirm

Please do not continue without finalizing your session selections. If you are not able to make your decisions at this time, you will have the option to choose your sessions at any time in the future by logging into the Conference Registration Site again.

Return To Session Selection Continue to Receipt

You will be asked to **Confirm** that you are ready to leave the Session Selection page. Click **Continue to Receipt**.

11. The **Transaction Receipt** page will display confirming that the transaction was successfully completed.

# Transaction Receipt

Welcome Kelly Clarkson [Logout](#)

Kelly Clarkson  
34 Woodridge Road  
Woodstock AB  
T3D 8G8 Canada  
darlene.desharnais@ucalgary.ca  
(565) 5551212

Transaction Basket No. : 387067  
Date: 12 Jun 2018

The transaction was successfully completed. Please print this page for your records.  
You will also receive a receipt by email.

## Registration Information

### 1. Physician - Essential Strategies for Chronic Pain Management Course & Observership

	Quantity	Discount	Tax	Subtotal
Essential Strategies for Chronic Pain Management Course & Observership	1	--	\$33.75	\$708.75
				\$708.75

CART TOTAL: \$708.75

Paid by Visa. Auth No: 230442.

Thank you for registering for this conference!

[Click here](#) to return to the conference site.

At this point you can print a copy of the receipt for your records, **return to the conference site** or **Logout**.

- Note that you have also received 2 emails at the address you entered when you created your profile. One is a confirmation of the financial transaction and the other is confirmation of registration. Please keep these emails for your records.