

Please fax this completed form to 613-912-0128 or email it to cpd@casem-acmse.org

Early Bird Rate
Until April 30th, 2018

CASEM Member	\$775.00
Non Member	\$900.00
Allied Health (physio, nurse etc.)	\$875.00
CASEM Resident/Fellow	\$450.00
Non Member Resident/Fellow	\$500.00
CASEM Medical Student	\$250.00
Non Member Medical Student	\$325.00
Daily Rate -circle date (Thursday - Friday - Saturday)	\$400.00



Social Tickets

Thursday Kitchen Party Night	\$50.00	No of Pers. _____	\$ _____
Friday Evening Gala Dinner	\$85.00*	No of Pers. _____	\$ _____
Saturday 5km Fun Run	\$20.00	No of Pers. _____	\$ _____

TOTAL AMOUNT PAYABLE \$ _____

PLEASE PRINT

Date: MM _____ DD _____ YYYY _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone:(____) _____ Fax:(____) _____

Email: **(primary method of communication)**

METHOD OF PAYMENT

Cheque # _____ VISA ___ M/C ___ Total Amount: \$ _____

Credit Card No : _____

Expiry Date: Month _____ Year _____ Signature _____

CANCELLATION POLICY

A \$100.00 CDN cancellation fee will apply to all reimbursements issued prior to April 30th, 2018.
After this date **NO refunds** will be issued.

Photo Permission (Completion of this registration form assumes agreement of the following unless notified otherwise)

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