



# CASEM Sport Medicine Annual Symposium

May 15-18, 2019—Westin Bayshore, Vancouver, BC

Please fax this completed form to 613-912-0128 or email it to [cpd@casem-acmse.org](mailto:cpd@casem-acmse.org)

### CONFERENCE RATES

	Early bird rate available until Jan 30 <sup>th</sup> 2019	After Jan 30 <sup>th</sup> 2019
CASEM / ACMSE Member	\$725.00	\$ 800.00
Non Member	\$900.00	\$1,000.00
Allied Health (physio, nurse etc.)	\$775.00	\$ 875.00
Resident/Fellow	\$450.00	\$ 500.00
Non Member Resident/Fellow	\$500.00	\$ 550.00
CASEM Medical Student	\$300.00	\$ 350.00
Non CASEM Medical Student	\$350.00	\$ 400.00
Daily Rate -circle date (Thursday - Friday - Saturday)	\$350.00	\$ 400.00

### SOCIAL TICKETS

Friday Evening Gala Dinner	\$85.00	No of Pers. _____	\$ _____
Saturday 5km Fun Run	\$20.00	No of Pers. _____	\$ _____

### PLEASE PRINT

### TOTAL AMOUNT PAYABLE

\$ \_\_\_\_\_

Date: MM \_\_\_\_\_ DD \_\_\_\_\_ YYYY \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: (primary method of communication)

### METHOD OF PAYMENT

Cheque # \_\_\_\_\_ VISA \_\_\_ M/C \_\_\_ Total Amount: \$ \_\_\_\_\_

Credit Card No : \_\_\_\_\_

Expiry Date: Month \_\_\_\_\_ / Year \_\_\_\_\_ CVC: \_\_\_\_\_

Signature \_\_\_\_\_

### CANCELLATION POLICY

A \$100.00 CDN cancellation fee will apply to all reimbursements issued prior to April 1st, 2019. After this date **NO refunds** will be issued.

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

I hereby assign all rights to the still photography/video and/or sound recording made of me this day by the Canadian Academy of Sport and Exercise Medicine, and I hereby authorize the reproduction, sale, rental, loan, copyright, exhibition, broadcast and distribution of said material without limitation. Rights released include worldwide in perpetuity of material in any format.