



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

	Conference Rate
CASEM / ACMSE Member _____	\$ 800.00
Non Member _____	\$1,000.00
Allied Health (physio, nurse etc.) _____	\$ 875.00
Resident/Fellow _____	\$ 500.00
Non Member Resident/Fellow _____	\$ 550.00
CASEM Medical Student _____	\$ 350.00
Non CASEM Medical Student _____	\$ 400.00
Daily Rate - circle date (Thursday - Friday - Saturday) _____	\$ 400.00

SOCIAL TICKETS

Thursday Reception Aboard the Magic Yacht Charters	\$75.00	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 _____

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)

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