



# 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 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	\$90.00	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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