

REGISTRATION FORM

Allan McGavin Sports Medicine CME Course

Recent Advances in Clinical Sports Medicine: Knee and Hip

Date Saturday, November 21, 2009

Venue Vancouver Convention Centre (East Building)
999 Canada Place, Vancouver, BC V6C 3C1



Title Dr. Ms. Mr. Mrs.

Name _____
FIRST NAME MIDDLE INITIAL LAST NAME

Address _____
NUMBER AND STREET CITY/PROVINCE POSTAL CODE

Tel _____ **Fax** _____ **Email** _____

I am a Physician Specialist Physiotherapist Other _____

Special requests (Vegetarian lunch options will be available) _____

FEES

Registration Fees

Once registration and payment are received, a confirmation and receipt will be forwarded to you.

The confirmation package will include a parking area map.

Note

Registration deadline is November 15, 2009. **Space is limited.**
No on-site registrations. Fees include morning coffee, refreshment breaks and light buffet lunch.

Course Fees

Before October 1, 2009 \$350

October 1 to November 15, 2009 \$399

PAYMENT

Payment Options

Visa Mastercard Cheque enclosed payable to 'Allan McGavin Sports Medicine Clinic'

Amount authorized \$ _____ **Card number** _____

Expiry date ____ / ____ **Name** _____ **Signature** _____

SEND YOUR REGISTRATION TO

By fax (604) 685-5787

By mail Allan McGavin Sports Medicine CME
c/o Portfolio Conference Planning
1383 Homer Street, Vancouver, BC V6B 5M9
Tel: (604) 685-4888

Online www.ubcsportsmedicine.ca
To download a pdf file for registering by fax or mail.

Cancellation policy

Cancellations received in writing by October 1, 2009 will receive a refund less \$75 processing fee.

No refunds after October 1, 2009.

Substitutions received in writing will be honoured.

PRESENTING SPONSORS

