

PARTICIPANT REGISTRATION FORM

YOU CAN NOW REGISTER ON LINE AT: <http://www.paediatricreview.ca/>

Please Print:

First Name: _____ Last Name: _____ Title: _____

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University / Program: _____ Program Director: _____

Please indicate any dietary restrictions, requirements or allergies: _____

Registration fees include: admission, program syllabus and online meeting archive recording for all sessions, breakfasts, lunches and nutrition breaks indicated in the program. If special meals are required at an extra cost, charges will be applicable.

	Early Bird Pricing Before December 5, 2014	Regular Price After December 5, 2014
Residents/Fellows/International Medical Graduates (IMG) Registered in a Canadian Program ☐ PGY4/PGY5 ☐ PGY3/PGY2/PGY1 ☐ Fellow ☐ IMG	\$900.00	\$1,000.00
Other Health Care Professions	\$900.00	\$1,000.00
Physicians who are not in a Canadian Paediatric training program	\$1,050.00	\$1,150.00

Please make your cheque payable to: *Canadian Paediatric Review Program*
And send to: Canadian Paediatric Review, 36 Peter Street, St. Clements, Ontario, NOB 2M0

Note: All cancellations must be received in writing no later than January 23, 2015 for a full refund, less an administrative fee of \$100.00. No refunds will be issued after this date.

For further information please contact:

LOUISE BRUNS,

CANADIAN PAEDIATRIC REVIEW PROGRAM COORDINATOR

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