73rd Annual Meeting
June 25-29, 2019
Delta Hotel, St. John's, Newfoundland

CANADIAN SOCIETY OF PLASTIC SURGEONS
CSPS/SCCP, PO Box 60192 Saint-Denis
Montreal, QC H2J 4E1
Fax: 514-843-7005; Tel: 514-843-5415
or register on-line at www.plasticsurgery.ca

REGISTRATION

REGISTRATION
(Canadian Funds + 15% HST not included)

	Until May 21, 2019	**After May 21, 2019**	
Member	$ 900.00	1,025.00 =	_____
Senior Member	$ 650.00	775.00 =	_____
Retired member (over 65)[1]	$ 250.00	250.00 =	_____
Non-Member[2]	$ 1,025.00	1,150.00 =	_____
Resident / Fellow[3]	$ 650.00	775.00 =	_____
GAM CANADA	SEE BELOW		
Plastic Surgery Nurses Meeting	SEE BELOW		
CSSH	SEE BELOW		

SPOUSE REGISTRATION

Spouse (or equivalent)	$550.00	675.00 =	_____
Retired member spouse	$250.00	250.00 =	_____

Activities for which there are insufficient registrants will be cancelled and fees refunded

Whale Watching	$ 50.00 x _____=	_____
Child 7-15	$ 15.00 x _____ =	_____
Cape Spear outing	$ 50.00 x _____ =	_____
Child 7-15	$ 15.00 x _____=	_____

TICKETS FOR GUEST(S) WHO ARE NOT REGISTERED TO ATTEND THE MEETING

Welcoming Reception	$ 90.00 x_____=	_____
Child 7 - 15	$ 25.00 x_____=	_____
Whale Watching	$ 75.00 x _____=	_____
Child 7-15	$ 15.00 x _____ =	_____
Fun Night	$ 110.00 x_____=	_____
Child 7-15	$ 45.00 x _____=	_____
Cape Spear outing	$ 75.00 x _____ =	_____
Child 7-15	$ 15.00 x _____=	_____
President's Banquet	$ 130.00 x_____=	_____
Child 7 - 15	$ 65.00 x_____=	_____
Farewell Luncheon	$ 60.00 x_____=	_____
Child 7 - 15	$ 25.00 x_____=	_____

SUBTOTAL OF ABOVE _____

TAX (HST = Subtotal x .15) _____

CSSH Sugeons **Before** June 25: $ 130.00 = _____
On site $150.00 =

CSSH others **Before** June 25: $ 40.00 = _____
On site $ 50.00 =

GAM CANADA **Until** May 21: $ 75.00 = _____
After May 21: $ 100.00 =

Nurses Meeting $ 50.00 = _____ _____

TOTAL DUE[4]

Name _____

Registered Accompanying Person
(Spouse or equivalent)_____

Office address _____

_____

(Postal code / Zip) _____

Office telephone ( ) _____

EMAIL _____

SOCIAL PROGRAM

CSPS REGISTERED ATTENDEES, PLEASE INDICATE BELOW IF YOU PLAN TO ATTEND:

I will not attend any social acvitities: _____

OR

Number of Participants

Welcoming Reception _____
(Included for all registered attendees)
Child under 7 _____

Fun Night _____
(Included for all registered attendees)
Child under 7 _____

President's Banquet _____
(Included for all registered attendees)
Child under 7 _____

Farewell Luncheon _____
(Included for all registered attendees)
Child under 7 _____

PAYMENT AND OTHER IMPORTANT INFORMATION ON NEXT PAGE

[4] There will be a charge of $100.00 for cancellations received after May 21, 2019

[4] No refunds after June 21, 2019

(GST/HST Registration #R128100153)

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June 25-29, 2019
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CSPS/SCCP, PO Box 60192 Saint-Denis,
Montreal, QC H2J 4E1;
csps_sccp@bellnet.ca
Fax: 514-843-7005 ***or*** register on-line at
www.plasticsurgery.ca

[1]RETIRED MEMBERS:

Senior members who are 65 years old or over and who have retired from active practice.

[2]NON-MEMBER REGISTRANTS:

Society By-Laws require that Guests be sponsored by a Society Member. If you are not a member of the CSPS, ASPS or Quebec Association, please have your sponsor forward a brief note to the above address.

[3] MEDICAL STUDENTS, FELLOWS, NURSING AND OFFICE STAFF:

Fellows, medical students, nursing and office staff : Please enclose a brief confirmation of your status.

Dietary restrictions:

None _____
Strict vegetarian _____
No meat but fish _____

Allergies _____

Other _____

FACE (Forum for the Advancement of Craniofacial Expertise):

I will attend: YES___ NO___

Wednesday, June 26, 11:00 am - 2:00 p.m.

Educational Foundation Symposium:

I will attend: YES___ NO___

Wednesday, June 26, 1:00 - 5:00 p.m.

Women Plastic Surgeons Luncheon

I will attend: YES___ NO___

Wednesday, June 26, 12 noon to 1:00 p.m.

Eye-Openers:

Injectables in Plastic Surgery
Dr. Mathew Mosher
Thursday, June 27, 7:00 - 8:00 am

I will attend: YES___ NO___

Local flaps revisited
Dr. Tom Hayakawa
Friday, June 28, 7:00 - 8:00 am

I will attend: YES___ NO___

Women Plastic Surgeons Cocktail

I will attend: YES___ NO___

Thursday, June 27, 5:00 p.m.

Meet the Professor:

The Multi-Faceted Surgeon
Dr. Richard Redett
Friday, June 28, 2:00 - 5:00 p.m.

I will attend: YES___ NO___

Please make cheques out to: Canadian Society of Plastic Surgeons
OR

MasterCard ____ **Visa**____

Card Number: _____

Expires: ____ **/** ____

Signature: _____

I hereby authorize the CSPS to provide my business address to meeting exhibitors: YES ____ NO ____