



 **The 22nd Annual**

 HISTORY OF MEDICINE DAYS

#  REGISTRATION FORM

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEL NO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-MAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am currently in my \_\_\_\_\_\_\_ year of undergraduate \_\_\_\_ or postgraduate studies \_\_\_\_\_\_\_\_\_\_\_

at the University/College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_

Faculty, program, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please confirm your attendance by circling ONLY the meals that you will be present for!**

**We wish to ensure that there is “no waste”, please!**

**PRESENTATIONS:** **I WILL ATTEND**

The UofC will provide all your meals for both Friday and Saturday.

**Friday, March 8th**:

Breakfast ……………………………………………………………………………………… Yes No

Lunch ………………………………………………………………………………………… Yes No

Supper (Hot Buffet) …………………………………………………………………………... Yes No

(you may bring a guest – no charge, **please let me know**)

Name of guest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………………………… Yes No

**Saturday, March 9th**

Breakfast ……………………………………………………………………………………… Yes No

Lunch ………………………………………………………………………………….. Yes No

Supper **(Awards Banquet)** ……………………………………………………………… Yes No

**For all Presenters, Judges & Chairpersons**

\*(You may bring a guest - cost per guest - $45.00) ……………………………………………. Yes No

 Name of guest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any Dietary concerns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please make cheque payable (for your guest) to the University of Calgary, History of Medicine Days**

**Registration form is to be returned asap to :**

**Beth Cusitar, Conference Coordinator, History of Medicine Days 2013**

**Email:** **bcusitar@ucalgary.ca****, Fax: (403) 270-7307** **Telephone: (403) 210-9640**