

Please print this form, fill it out and send it back to us using one of the methods listed below

**Registration Fee**

\$ 235.00 CDN – on or before February 16, 2018 - \$250.00 with paper bound syllabus

\$ 260.00 CDN – after February 16, 2018 - \$275.00 with paper bound syllabus

Student Rate, with valid student card - \$ 125.00 CDN - \$140.00 with paper bound syllabus

Please note that student rate is only applicable to full-time student or medical resident participants.

Quoted rate includes GST at 5% GST # 862181419

Conference handouts: if choosing a paper syllabus \$15.00 will be added to your registration fee, a paperless download is free.

- **If paying by Visa, MasterCard or Amex charge by fax or phone.**  
Please complete this form and fax it to **250-658-6109** or call Nova Clinical Services at 250-658-6056.
- **If paying by cheque:**  
Please complete this registration form and make your cheque payable to “Nova Clinical Services Inc.”

Submit your payment with registration form to:

Nova Clinical Services Inc.  
575 Brookleigh Rd.  
Victoria, BC V8Z 3K1

**Registration Form – Internal Medicine Update Conference March 10, 2018**

If paying by Visa, MasterCard or Amex: charge by fax or phone. Please complete this form and fax it to 250-658-6109 or call Nova Clinical Services at 250-658-6056.

If paying by cheque: Please complete this registration form and make your cheque payable to: Nova Clinical Services Inc.

Submit your payment with registration form to: Nova Clinical Services Inc., 575 Brookleigh Rd. Victoria, BC V8Z 3K1

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\$ 260.00 CDN – after February 16, 2018 (with syllabus \$275.00)

\$ 125.00 CDN – Student Rate (with valid student card) (with syllabus \$140.00)

Please note that student rate is only applicable to full-time student or medical resident participants.

Quoted rate includes GST at 5% GST # 862181419

**Method of Payment**

Cheque payable to Nova Clinical Services Inc.

VISA  MasterCard  Amex

Name on Credit Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please tick this box if you do not want your name to be included on the attendee list available to conference participants

Name \_\_\_\_\_  
*(as you would like it to appear on your name badge and receipt)*

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Physician   | <input type="checkbox"/> Specialist (Royal College) |
| <input type="checkbox"/> Nurse       | <input type="checkbox"/> Pharmacist                 |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Student/Medical Resident   |

CME Credits and Certificate of Attendance will be provided.

**Conference handouts:** if choosing a paper syllabus \$15.00 will be added to your registration fee.

Download (Paperless, **Free**)  Paper Bound Syllabus (**\$15.00**)

Please indicate which 3 of the 5 Breakout Sessions you wish to attend:

- A  B  C  D  E

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_