

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

Registration Fee

\$ 275.00 CDN – on or before April 21, 2018

\$ 290.00 CDN – after April 21, 2018

Student Rate, with valid student card - \$ 175.00 CDN *Please note: student rate is only applicable to full-time student or 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 or 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 – BC Digestive Diseases Weekend

May 12, 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

Registration Fee

\$ 275.00 CDN – on or before April 21, 2018 (\$290.00 with paper syllabus)
\$ 290.00 CDN – after April 21, 2018 (\$305.00 with paper syllabus)
\$ 175.00 CDN – Student Rate (with valid student card) (\$190.00 with syllabus)
Please note that the student rate is only applicable to full-time student or 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 (Family Practice) | <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.

Please indicate which 1 Breakfast with the Experts Sessions you wish to attend:
(Please see Program listing for topics)
 1 2 3 None

Please indicate which 3 of the 5 Breakout Sessions you wish to attend:
(Please see Program listing for topics)
 A B C D E

Conference handouts: if choosing a paper syllabus \$15.00 will be added to your registration fee.
 Download (Paperless, Free) Paper Bound Syllabus (\$15.00)

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone: _____ Fax: _____

Email Address: _____