

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

Registration Fee

\$ 315.00 CDN – on or before October 18, 2019

\$ 340.00 CDN – after October 18, 2019

Student Rate, with valid student card - \$ 170.00 CDN

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

Quoted rate includes GST at 5% # 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 – Infectious Diseases Update Conference

November 8 & 9, 2019

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

\$ 315.00 CDN – on or before October 18, 2019 (with syllabus \$330.00)

\$ 340.00 CDN – after October 18, 2019 (with syllabus \$355.00)

\$ 170.00 CDN – Student Rate (with valid student card) (with syllabus \$185.00)

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

Quoted rate includes GST at 5% # 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"/> Student/Resident |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Pharmacist |

CME credits / Certificate of Attendance will be provided at the event

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: _____