

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

**Registration Fee**

\$ 200.00 CDN – on or before October 16, 2020

\$ 225.00 CDN – after October 16, 2020

Student Rate, with valid student card - \$ 100.00 CDN

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

Quoted rate includes GST at 5% # 862181419

- **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

## A VIRTUAL CONFERENCE IN 2020

### Registration Form – Infectious Diseases Update Conference

November 6 & 7, 2020

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

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

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

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

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

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