

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

## Registration Fees

<b>Physicians, Pharmacists &amp; Nurse Practitioners:</b> \$ 185.00 CDN – on or before August 21, 2021 \$ 200.00 CDN – after August 21, 2021	<b>Nurses &amp; Allied Health</b> \$145.00 CDN – on or before August 21, 2021 \$160.00 CDN – after August 21, 2021
<b>Student/ Resident</b> \$95.00 (proof of student status required on-site) Student rate is only applicable to full-time students or residents	

- **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

September 11, 2021

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 Fees (See Above)

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

CME Credits / Certificate of Attendance will be emailed to you after the conference.

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

- Physician (Family Practice)       Specialist (Royal College)  
 Nurse       Pharmacist  
 Other \_\_\_\_\_       Student/Medical Resident

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

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

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

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

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