

Please print this form, fill it out and mail it back to us at the address below.

Registration Fee

\$ 200.00 CDN – on or before October 14, 2022

\$ 225.00 CDN – after October 14, 2022

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, MC or Amex:** fill out your card information below.
- **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 2022

Registration Form – Infectious Diseases Update Conference

November 4 & 5, 2022

Online Registration is preferred but registering by mail is possible.

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

\$ 200.00 CDN – on or before October 14, 2022

\$ 225.00 CDN – after October 14, 2022

\$ 100.00 CDN – Student Rate (with valid student card)

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 credits 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 after the event

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone: _____

Email Address: _____