

Registration Form

CDA/ACD Montréal

PRINT CLEARLY OR TYPE. KEEP A COPY OF THIS FORM FOR YOUR RECORDS, ONE FORM PER DELEGATE PLEASE (See Page 19 for terms and conditions).

Wednesday, June 28 - Sunday, July 2, 2000
Hôtel Omni Mont-Royal, Montréal, Québec

PERSONAL DATA

Dr Prof Mr Mrs Ms

Last Name

Given Names

Initial

Badge Information (name as you would like it to appear on your badge, maximum 19 letters)

Organization (maximum 20 letters)

Mailing Address

Street or PO Box No. _____ Telephone (H) _____

City _____ Telephone (O) _____

Province/State _____ Facsimile _____

Country _____ Postal/Zip Code _____ E-mail _____

Accompanying Person

Dr Prof Mr Mrs Ms

Last Name

Given Names

Initial

Badge Information (name as you would like it to appear on your badge, maximum 19 letters)

Children (5-10 yrs)/Youth (11-18 yrs) (first and last name please)

1 Name _____ Age _____ 3 Name _____ Age _____

2 Name _____ Age _____ 4 Name _____ Age _____

REGISTRATION FEES *Check appropriate boxes*

Conference Registration Fee - Includes all meetings, Welcoming Reception at the Omni Hotel, "From Renoir to Picasso" Exhibit and Reception, and the President's Banquet

	On or before May 5, 2000	After May 5, 2000	
Member (or Proposed)	<input type="checkbox"/> \$510	<input type="checkbox"/> \$610	
Non-Member Physician	<input type="checkbox"/> \$690	<input type="checkbox"/> \$790	
*Resident	<input type="checkbox"/> \$375	<input type="checkbox"/> \$475	\$ _____

Workshops - Please indicate 1st and 2nd choice; registration is limited

The Paperless Office	\$25	<input type="checkbox"/>	
Patch Test Clinic	\$25	<input type="checkbox"/>	
Injectables in Dermatology	\$25	<input type="checkbox"/>	
Practice Management	\$25	<input type="checkbox"/>	\$ _____

Accompanying Person Fee - Includes Welcoming Reception, More Than a Taste of Montréal Tour and Lunch, Montréal Biodôme, Botanical Gardens & Insectarium Tour and Lunch, "Renoir to Picasso" Evening, and President's Banquet.

Number of participants _____ x \$200 per person \$ _____

Child/Youth Fee - Includes Welcome Reception, Library Trip, Whooping it Up at La Ronde Tour and Lunch, iSci Centre and Lunch, "Renoir to Picasso" Evening, including children's workshop and Youth Banquet.

Number of participants _____ x \$150 per person \$ _____

Subtotal \$ _____

Plus GST at 7% (GST #R100762988) \$ _____

Total Fee Submitted \$ _____

Check appropriate boxes:

Social Functions

- Welcoming Reception, # _____
- "From Renoir to Picasso" Exhibit & Reception, # _____
- President's Banquet, # _____

Satellite Sessions

- La Roche-Posay Satellite - Dermatoscopy of Pigmented Skin Lesions
- Allergan Satellite - Topical New Therapies in Acne
- Cosmair Satellite - The Effects of UV Rays on the Skin
- Fujisawa Satellite - Atopic Dermatitis - Today and Tomorrow/Update on Tacrolimus

Sub-Specialty Meetings

- CSDS Surgery Session **OR** Wound Healing Session
- Pediatric Session **OR** Contact Dermatology Session **OR** Investigative Dermatology Session

I/we have special dietary requirements. List: _____
Name(s) _____

I or a member of my family have physical disabilities and therefore require special transportation assistance.
Name _____

METHOD OF PAYMENT

(All fees are payable in Canadian funds)

- Cheque (made payable to CDA, c/o Events by Design)
- Bank draft/money order (made payable to CDA, c/o Events by Design)
- VISA
- MasterCard

NAME OF CARD HOLDER _____

CREDIT CARD # _____

EXPIRY DATE _____

AUTHORIZATION SIGNATURE _____

DATE _____

I have read and understood the terms of registration as outlined on page 19

Signature _____

Mail or fax completed forms to:
CDA Secretariat
Events by Design
#601 - 325 Howe Street
Vancouver, BC, Canada, V6C 1Z7
Tel: (604) 669-7175; Fax: (604) 669-7083
E-mail: info@ebd.bc.ca