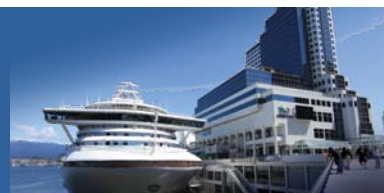


12th Annual WorkSafeBC Physician Education Conference



How to Register

1. Fax the registration form to us at 604 279-7698 to register using VISA or MasterCard
2. Phone to register by calling Jocelyne Fidyk, 604 231-8651 or 1 877 231-8765
3. Mail your registration form with your cheque (payable to WorkSafeBC) or credit card details to: Jocelyne Fidyk, WorkSafeBC, PO Box 5350 Stn Terminal, Vancouver, BC V6B 5L5
4. E-mail Jocelyne.Fidyk@worksafebc.com

Contact Details

Check this box if you do not agree to have your name and city on the participant list in the course syllabus. No other personal information will be identified.

In accordance with our Green initiatives at WorkSafeBC, this year we are offering the syllabus in three formats.

Please indicate your preference

Paper Copy

CD

USB Flash Drive

Physician

Student or Resident

Last Name Given Name

Address City Province Postal Code

Telephone Fax E-mail

Area of specialty Special requirements (diet allergies, physical, etc.)

How did you hear about this conference?

Brochure

Website

Magazine: _____

Email

Postcard

Word of Mouth

Other: _____

Conference Fees

	Before Sept. 30	After Sept. 30
Physicians	\$129+HST=\$144.48	\$159+HST=\$178.08
*Students and Residents	\$64.50+HST=\$72.24	\$79.50+HST=\$89.04

Conference Fee: \$ _____ A

*Students and Residents must present proof of status at the time of registration in order to receive this reduced rate

Workshops

Concurrent Workshop Sessions 10:30 a.m.–12:00 noon

A

B

C

D

E

Concurrent Workshop Sessions 1:00 p.m.–2:30 p.m.

F

G

H

I

Saturday Optional Activities: (no minors without adult accompaniment at all times)

12:30 p.m.	Science World (includes transportation to/from the Pan Pacific Hotel, general admission, 1 Omnimax show, and HST)	\$29.75 x _____ adult = _____
		\$27.25 x _____ youth (13–18) = _____
		\$24.50 x _____ child (3–12) = _____
6:30 p.m.	Wine Tasting Dinner (includes dinner, wine, taxes, gratuities)	\$135.00 x _____ adult (19+) = _____

Optional Activities Total: \$ _____ B

Total Amount Payable: \$ _____ (A+B)

Payment

Total Amount Enclosed \$ _____



cheque (payable to WorkSafeBC)

Credit Card Number Expiry Date

Name of Cardholder

Signature