

The 20<sup>th</sup> Annual  
**HISTORY OF MEDICINE DAYS**  
REGISTRATION FORM (2011)



NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 POSTAL CODE: \_\_\_\_\_  
 TEL NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

I am currently in my \_\_\_\_\_ year of undergraduate/graduate studies \_\_\_\_\_  
 at the University/College of \_\_\_\_\_  
 Faculty, program, etc. \_\_\_\_\_

**PRESENTATIONS:** (no charge)  
 (includes continental breakfast and lunch both days)

**I WILL ATTEND**

*(please confirm your attendance by circling below)*

|                          |     |    |
|--------------------------|-----|----|
| Friday, March 11, 2011   | Yes | No |
| Saturday, March 12, 2011 | Yes | No |

**BUFFET DINNER:** Friday evening, March 11, 2011 (no charge) Yes No  
 I will be bringing a guest Yes No  
 Name of guest \_\_\_\_\_

**AWARDS DINNER:** Saturday evening (March 12, 2011) Yes No  
 (presenters, judges & chairpeople – no charge)

I will be bringing a guest (cost per guest - \$45.00) Yes No

Name of guest: \_\_\_\_\_

Dietary concerns: \_\_\_\_\_

Please make cheque payable (for your guest) to the **History of Medicine Days, University of Calgary**

Registration form and fee(s) (if applicable) to be returned to address, fax or e-mail below:

**By Friday, February 11, 2011**

Beth Cusitar, Coordinator  
 History of Medicine Days  
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 3280 Hospital Drive NW, Calgary, AB T2N 4Z6  
 Telephone: (403) 210-9640, Fax: (403) 270-7307 or via email: [bcusitar@ucalgary.ca](mailto:bcusitar@ucalgary.ca)