1. **First Name:**
2. **Last Name:**
3. **Address:**
4. **City/Prov/PC:**
5. **Contact #**:
6. **Email:**
7. **If you are a University of Calgary student, what is your UCID?**
8. **I am currently in my \_\_\_\_\_\_\_\_\_ year of undergraduate /postgraduate studies.**
9. **My University/College:**
10. **Preceptor:**
11. **Faculty, program, etc.:**
12. **PRESENTATION TITLE:**
13. **If applicable, who else is in this group:**

**Complete papers can be submitted for review after the conference for potential Proceedings Volume publication – dependent upon the acceptance of the presentation/poster abstracts.**

***Electronically filled* registration form to be returned by January 15th, 2023 to:**

**Marcia Garcia, Conference Coordinator, History of Medicine Days 2023**

**Email:** [**marcia.garcia@ucalgary.ca**](mailto:marcia.garcia@ucalgary.ca)

**USE “HMD 2023” in your subject line**