

The 23rd Annual HISTORY OF MEDICINE DAYS



REGISTRATION FORM

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

TEL NO: _____ **E-MAIL:** _____

I am currently in my _____ year of undergraduate ____ or postgraduate studies _____
at the University/College of _____
Faculty, program, etc. _____

**Please confirm your attendance by circling ONLY the meals that you will be present for!
We wish to ensure that there is “no waste”, thanks!**

PRESENTATIONS:

I WILL ATTEND

The UofC will provide all your meals for both Friday and Saturday.

Friday, March 7th

Breakfast Yes No

Lunch Yes No

Supper (Hot Buffet) Yes No
(you may bring a guest – no charge, **please let me know**)

Name of guest: _____ Yes No

Saturday, March 8th

Breakfast Yes No

Lunch Yes No

Supper (**Awards Banquet**) Yes No

For all Presenters, Judges & Chairpersons

*(You may bring a guest - cost per guest - \$45.00) Yes No

Name of guest: _____

Any Dietary concerns: _____

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

Registration form is to be returned asap to:

Beth Cusitar, Conference Coordinator, History of Medicine Days 2014
Email: bcusitar@ucalgary.ca Fax: (403) 270-7307 Telephone: (403) 210-9640