

## The 24th 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. \_\_\_\_\_

**Full Papers can be submitted for review after the conference for potential Proceedings Volume publication – dependent on the acceptance of the presentation/poster abstracts.**

**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 6<sup>th</sup>**

Breakfast .....	Yes	No
Lunch .....	Yes	No
Supper (Hot Buffet) .....	Yes	No
<small>(you may bring a guest – no charge, <b>please let me know</b>)</small>		
Name of guest: _____	Yes	No

**Saturday, March 7<sup>th</sup>**

Breakfast .....	Yes	No
Lunch .....	Yes	No
Supper ( <b>Awards Banquet</b> ) .....	Yes	No
<b>For all Presenters, Judges &amp; Chairpersons</b>		
<small>*(You may bring a guest - cost per guest - \$45.00).....</small>	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 2015**  
**Email: [bcusitar@ucalgary.ca](mailto:bcusitar@ucalgary.ca) Fax: (403) 270-7307 Telephone: (403) 210-9640**