

## The 25th Annual HISTORY OF MEDICINE DAYS 2016



### 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. \_\_\_\_\_

**If you are a University of Calgary student, do you also work for the University of Calgary – YES or NO?**

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

**ALL PRESENTERS:**

The U of C will provide all your meals for Friday and Saturday. Please help us to ensure there is “no waste” and confirm your attendance by circling ONLY the meals that you will be present for!

I WILL ATTEND

**Friday, March 11<sup>th</sup>**

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 12<sup>th</sup>**

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: \_\_\_\_\_

**Do you have 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 2016  
 Email: [bcusitar@ucalgary.ca](mailto:bcusitar@ucalgary.ca) Fax: (403) 270-7307 Telephone: (403) 210-9640