

**The 26<sup>th</sup> Annual**  
**HISTORY OF MEDICINE DAYS 2017**  
**REGISTRATION FORM**



**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **P/C:** \_\_\_\_\_

**TEL NO:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

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

**Presentation Preference:** Platform \_\_\_\_\_ or poster \_\_\_\_\_

**IF YOU ARE A UNIVERSITY OF CALGARY STUDENT, DO YOU ALSO WORK FOR THE U OF C? YES 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 checking ONLY the meals that you will be present for!

**Friday, March 17<sup>th</sup>** **I WILL ATTEND**

Breakfast .....Yes No

Lunch .....Yes No

Dinner (Hot Buffet) .....Yes No  
(You may bring a guest – no charge, **please let me know**)

Name of guest: \_\_\_\_\_ Yes No

**Saturday, March 18<sup>th</sup>**

Breakfast .....Yes No

Lunch .....Yes No

Dinner (**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 banquet guest) to the  
University of Calgary, History of Medicine Days**

Registration form to be returned **ASAP** to:

**Donna Weich, Conference Coordinator, History of Medicine Days 2017**

**Email: [donna.weich@ucalgary.ca](mailto:donna.weich@ucalgary.ca) Fax: 403- 270-7307 Phone: 403-220-2481**