



Participant Registration Form

10th Annual Bethune Round Table
“Serving through Partnerships: The Scalpel for Change”
May 14-15, 2010
University of Calgary
Health Sciences Centre

Please type or print

Name: _____
last name (family name) first name (given name) Degree

Affiliation: _____

Address: _____
Street

City, Province Postal Code Country

Telephone: () _____ Fax: () _____ Email: _____

Registration fees (check as appropriate)

- \$400 CDN MD
- \$125 CDN Residents and Allied Health Professionals (includes dinner)
- \$ 75 CDN Residents and Allied Health Professionals (excludes dinner)
- \$ 25 CDN Students (excludes dinner)

Accompanying Person

- \$ 75 Dinner on May 15, 2010

Please check if you do not want your name and address to be included in the registration list made available at the meeting.

Payment Type (please check one):

Credit Card # (MasterCard or Visa): _____
 Expiry date: _____
 Name on Credit Card: _____
 Billing Name & Address: _____
 Fax completed form to:
 The Department of Surgery (403) 944-8639

- Cheque or Money order enclosed for \$_____ (payable to Calgary Surgical Research Foundation)

Please mail payment and completed form to: The Department of Surgery
c/o Marie McEachern
Foothills Medical Centre
1403 - 29 Street NW
Calgary, AB T2N 2T9