DIABETES RESEARCH & TREATMENT CENTRE
DRTC CRTD
CENTRE DE RECHERCHE ET TRAITEMENT DE DIABÈTE
W I N N I P E G

INTERNATIONAL CONFERENCE ON DIABETES AND CARDIOVASCULAR DISEASE

Winnipeg Convention Centre, June 3 – 6, 1999

Institute of Cardiovascular Sciences

REGISTRATION FORM

FOR INTERNAL USE
Date Received:

1. REGISTRATION INFORMATION (Please type or print)

❑ Dr.
❑ Mr. Last Name _____ First Name (to appear on name badge) _____
❑ Mrs.
❑ Ms. Title: _____ Facility: _____

Mailing/Street Address: _____

City: _____ Province/State: _____ Country: _____ Postal/Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Area of Interest or Practice: _____

2. REGISTRATION FEES (All amounts in Canadian Funds)

	Full Reg. Rec'd before Apr 15, 1999	Full Reg. Rec'd After Apr 15, 1999	Amount
❑ Physicians, Scientists	$ 350.00 Cdn	$ 400.00 Cdn	_____
❑ Nurse Clinicians, Nurse Educators	$ 325.00 Cdn	$ 375.00 Cdn	_____
❑ Post Doctoral Fellows	$ 300.00 Cdn	$ 350.00 Cdn	_____
❑ Research Assistant/Technician	$ 200.00 Cdn	$ 225.00 Cdn	_____
❑ Industry and government representatives	$ 350.00 Cdn	$ 400.00 Cdn	_____
❑ Residents, Research fellows, Graduate students	$ 250.00 Cdn	$ 300.00 Cdn	_____
❑ Accompanying persons	$ 80.00 Cdn	$ 100.00 Cdn	_____

Light lunches will be provided. Please list any dietary restrictions:

_____

SubTotal Registration Fees: $Cdn _____

3. SPECIAL EVENTS (Ticket prices include GST)

Please indicate which special events you will attend:

	No. of Persons	Amount
❑ Welcome Reception – Thursday, June 3, 1999	_____ FREE	
❑ Art Gallery Reception and Jazz Recital – Friday, June 4, 1999	_____@ $35.00/ticket	_____
❑ Gala Banquet and Entertainment – Saturday, June 5, 1999	_____@ $55.00/ticket	_____

Please provide the name of your guest(s) if ordering more than one ticket for the above events

_____

Sub Total Special Event Fees: $Cdn _____

Note: Special Event Tickets purchased on-site will be $10.00 more.

Total Fees: $Cdn _____

Total Conference Fee Enclosed:$_____ ❑cheque ❑money order ❑ VISA ❑ Mastercard ❑ American Express

Please make cheques payable to International Conference on Diabetes and Cardiovascular Disease. Cancellations made prior to May 1, 1999 subject to a $50.00 administration fee; cancellations received after May 1, 1999 and before May 20, 1999 will be subject to a 50% administration fee. Cancellations after May 20, 1999 regrettably cannot be refunded.

Credit Card# |___|___|___|___|-|___|___|___|___|-|___|___|___|___|-|___|___|___|___|
Cardholder's
Expiry Date: |___|___| |___|___| Signature: _____

Signature _____ **Date** _____

Mail to:
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and Cardiovascular Disease
c/o Department of Physiology
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Winnipeg MB Canada R3E 3J7

Questions?
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