

The 21st 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. _____

PRESENTATIONS: (no charge)
(includes continental breakfast and lunch both days)

I WILL ATTEND

(please confirm your attendance by circling below)

Friday, March 9, 2012 Yes No

Saturday, March 10, 2012 Yes No

BUFFET DINNER: Friday evening, March 9, 2012 (no charge) Yes No

I will be bringing a guest Yes No

Name of guest _____

AWARDS DINNER: Saturday evening (March 10, 2012) Yes No
(presenters, judges & chairpeople – no charge)

I will be bringing a guest (cost per guest - \$45.00) Yes No

Name of guest: _____

Dietary concerns: _____

Please make cheque payable (for your guest) to the **History of Medicine Days, University of Calgary**

Registration form is to be returned to the address, fax or e-mail below:

As soon as possible.

Beth Cusitar, Coordinator
History of Medicine Days
TRW 3rd Floor, University of Calgary
3280 Hospital Drive NW, Calgary, AB T2N 4Z6
Telephone: (403) 210-9640, Fax: (403) 270-7307 or via email: bcusitar@ucalgary.ca