



**SECTION A: DELEGATE INFORMATION (Please print or type) Please use ONE registration form per delegate**

NAME: \_\_\_\_\_  
Last Name First Name Initial Salutation

MAILING ADDRESS (  Home  Office ): \_\_\_\_\_  
Street Suite # City Province Postal Code Country

PHONE: ( \_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_ ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**SECTION B: MEMBERSHIP INFORMATION**

SOGC Membership #: \_\_\_\_\_ Membership Paid:  Yes  No Last Year Paid: \_\_\_\_\_

If you are a member of another interest group? You qualify for the SOGC Member rate:  GOC  SCC  CSPM  SMIG  SIGMA  CSMFM

**SECTION C: Please select your choice between:**

«ACM», «ALARM and ACM» or «ALARM only»

	member	non-member
<input type="checkbox"/> ACM (June 17-21, 2009) (Please check appropriate category & rate)		
- <input type="radio"/> Ob/Gyn .....	<input type="radio"/> \$600	<input type="radio"/> \$950
- <input type="radio"/> Associate MD .....	<input type="radio"/> \$270	<input type="radio"/> \$300
- <input type="radio"/> Allied Health Care .....	<input type="radio"/> \$270	<input type="radio"/> \$300
- <input type="radio"/> New Graduate (first year in practice) .....	<input type="radio"/> \$270	<input type="radio"/> \$300
- <input type="radio"/> Associate Midwife. . . . . <input type="radio"/> Associate RN .....	<input type="radio"/> \$270	<input type="radio"/> \$300
- <input type="radio"/> Associate Research (PhD) . . . <input type="radio"/> Associate Health Care .....	<input type="radio"/> \$270	<input type="radio"/> \$300
- <input type="radio"/> Junior Member . . . . . <input type="radio"/> Family Practice Resident .....	<input type="radio"/> \$270	<input type="radio"/> \$300
- <input type="radio"/> Students in Healthcare Training .....	<input type="radio"/> \$70	<input type="radio"/> \$90
- <input type="radio"/> SOGC Life / Honorary .....	<input type="radio"/> \$125	N/A
- <input type="radio"/> Accompanying person if attending full scientific program (must be in one of the categories listed above) Please confirm below the name of the accompanying person: .....	<input type="radio"/> \$100	<input type="radio"/> \$125
Name: _____		
<input type="checkbox"/> ACM DAILY FEE - Ob/Gyn only	<input type="radio"/> \$400	<input type="radio"/> \$425
<input type="checkbox"/> ACM DAILY FEE - <u>excluding</u> Ob/Gyn (Maximum of 2 days)	<input type="radio"/> \$100	<input type="radio"/> \$125
Please specify day(s): <input type="radio"/> Wed. <input type="radio"/> Thurs. <input type="radio"/> Fri. <input type="radio"/> Sat. <input type="radio"/> Sun.	# of days: _____ X Daily fee: _____ = \$ _____	
<input type="checkbox"/> ALARM COURSE (June 15-16, 2009) <u>AND</u> ACM (June 17-21, 2009) (Please check appropriate category & rate)		
- <input type="radio"/> Ob/Gyn .....	<input type="radio"/> \$1200	<input type="radio"/> \$1625
- <input type="radio"/> Associate MD .....	<input type="radio"/> \$1035	<input type="radio"/> \$1300
- <input type="radio"/> Associate Midwife. . . . . <input type="radio"/> Associate RN (limited space available for ALARM) .....	<input type="radio"/> \$785	<input type="radio"/> \$900
- <input type="radio"/> Junior Member/Family Practice Resident .....	<input type="radio"/> \$785	<input type="radio"/> \$800
- <input type="radio"/> Associate Research (PhD) .....	<input type="radio"/> \$985	<input type="radio"/> \$1250
<input type="checkbox"/> ALARM COURSE ONLY (June 15-16, 2009) (Registration limited to 40 participants) - (Please check appropriate category & rate)		
- <input type="radio"/> Ob/Gyn .....	<input type="radio"/> \$900	<input type="radio"/> \$1150
- <input type="radio"/> Associate MD .....	<input type="radio"/> \$900	<input type="radio"/> \$1150
- <input type="radio"/> Associate Midwife. . . . . <input type="radio"/> Associate RN (limited space available) .....	<input type="radio"/> \$650	<input type="radio"/> \$750
- <input type="radio"/> Junior Member/Family Practice Resident (limited space available) .....	<input type="radio"/> \$650	<input type="radio"/> \$650
- <input type="radio"/> Associate Research (PhD) .....	<input type="radio"/> \$850	<input type="radio"/> \$1100

**Register before Friday, May 8, 2009 for a chance to win a free registration to a Regional CME of your choice in 2009 or 2010**

RETURN REGISTRATION FORM TO:

780 Echo Drive, Ottawa, Ontario K1S 5R7 or Fax (613) 730-4314

**SECTION D: COURSE SELECTION - indicate 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> choice in order of preference**

- These sessions are included in the registration fees.
- Sessions have very limited space, therefore, pre-registration to all sessions is mandatory.
- If no selection is made, SOGC will not assign you to any sessions. Please refer to the Preliminary Program for the code of the sessions.

INTERNATIONAL WOMEN'S HEALTH DAY - Wed., June 17 (full-day)...  Yes  OR  No

SCC - Basic Colposcopy course - Wed., June 17 (full-day) ..... # of Participants ..... \$50/person

POST GRADUATE (full-day session) - Thurs., June 18..... PG: 1, 2 or 3  
1<sup>st</sup> choice: \_\_\_\_\_  
2<sup>nd</sup> choice: \_\_\_\_\_  
3<sup>rd</sup> choice: \_\_\_\_\_

POST GRADUATE (half-day sessions) - Thurs., June 18..... PG morning session: 4, 5, 11, 13, 15 or 17 AND PG afternoon session: 6, 7, 8, 9, 10, 12,14 or 16  
1<sup>st</sup> choice: \_\_\_\_\_ 1<sup>st</sup> choice: \_\_\_\_\_  
2<sup>nd</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_  
3<sup>rd</sup> choice: \_\_\_\_\_ 3<sup>rd</sup> choice: \_\_\_\_\_

SUB-SPECIALTY SESSION

or  
SS: 1 or 2  
1<sup>st</sup> choice: \_\_\_\_\_  
2<sup>nd</sup> choice: \_\_\_\_\_

BEST PRACTICE SESSION A - Thurs., June 18..... BPS A: 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10  
1<sup>st</sup> choice: \_\_\_\_\_  
2<sup>nd</sup> choice: \_\_\_\_\_  
3<sup>rd</sup> choice: \_\_\_\_\_

BEST PRACTICE SESSION B - Fri., June 19..... BPS B: 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 or 21  
1<sup>st</sup> choice: \_\_\_\_\_  
2<sup>nd</sup> choice: \_\_\_\_\_  
3<sup>rd</sup> choice: \_\_\_\_\_

**SECTION E: SOCIAL PROGRAM**

International Women's Health Reception - Wed. June 17 ..... # of participants ..... \$0

Maritime Lobster Feast - Fri. June 19..... # of participants ..... \$150 / person

Resident Fun Night - Sat. June 20 ..... # of participants ..... \$0 for Leadership, JM, Med Students  
\_\_\_\_\_ # of participants ..... \$15 for other member types or non-members

**SECTION F: REGISTRATION FEES TOTAL**

Total Registration Fee for the Scientific Program + Social Program (see section C and E)..... Registration Fee(s): \$\_\_\_\_\_

Registration fees include HST (HST# 10809 9045 RT0001)

**Cancellation and Refund Policy**

**Scientific Program:** The entire fee will be refunded if a written notice of cancellation is received on or before Friday, May 8, 2009. 75% of the fee will be refunded for cancellations received between May 8 and May 29. No refunds will be granted on or after, May 30, 2009. **Social Program:** The entire fee will be refunded if a written notice of cancellation is received on or before Friday, May 8, 2009. No refund will be granted after Saturday, May 9, 2009.

**SECTION G: METHOD OF PAYMENT - PAYMENT MUST ACCOMPANY REGISTRATION**

Cheque (Made Payable to SOGC)     Visa     MasterCard

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Total Amount: \$\_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_