



# Conference Registration Form 66<sup>th</sup> Annual Clinical Meeting (ACM)

June 2-6, 2010 - Montreal, QC

## 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 2-6, 2010) - (Please check appropriate category & rate)		
- <input type="radio"/> Ob/Gyn (SOGC) . . . . .	<input type="radio"/> \$600	<input type="radio"/> \$950
- <input type="radio"/> Ob/Gyn (AOGQ voting member whose contribution is deducted at source) . . . . .	<input type="radio"/> \$425	N/A
- <input type="radio"/> Associate MD . . . . .	<input type="radio"/> \$270	<input type="radio"/> \$300
- <input type="radio"/> New Ob/Gyn Graduate (first year in practice) . . . . .	<input type="radio"/> \$270	<input type="radio"/> \$300
- <input type="radio"/> Associate Health Care . . . . . <input type="radio"/> Associate Allied Health Care . . . . .	<input type="radio"/> \$270	<input type="radio"/> \$300
- <input type="radio"/> Associate RN . . . . . <input type="radio"/> Associate Midwife . . . . . <input type="radio"/> Associate Research (PhD) . . . . .	<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 / Research . . . . .	<input type="radio"/> \$70	<input type="radio"/> \$90
- <input type="radio"/> SOGC Life / Honorary Member . . . . .	<input type="radio"/> \$125	N/A
- <input type="radio"/> International - High Resource Country . . . . .	<input type="radio"/> \$600	N/A
- <input type="radio"/> International - Low Resource Country . . . . .	<input type="radio"/> \$150	N/A
- <input type="radio"/> Accompanying person if attending full scientific program (must accompany SOGC member) 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 (May 31-June 1, 2010) <u>AND</u> ACM (June 2-6, 2010) - (Please check appropriate category & rate)		
- <input type="radio"/> Ob/Gyn (SOGC) . . . . .	<input type="radio"/> \$1200	<input type="radio"/> \$1625
- <input type="radio"/> Ob/Gyn (AOGQ voting member whose contribution is deducted at source) . . . . .	<input type="radio"/> \$1115	N/A
- <input type="radio"/> Associate MD . . . . .	<input type="radio"/> \$1035	<input type="radio"/> \$1300
- <input type="radio"/> Associate RN . . . . . <input type="radio"/> Associate Midwife . . . . . (limited space available for ALARM) .	<input type="radio"/> \$785	<input type="radio"/> \$900
- <input type="radio"/> Junior Member . . . . . <input type="radio"/> Family Practice Resident . . . . . (limited space available for ALARM) .	<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 (May 31-June 1, 2010) (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 RN . . . . . <input type="radio"/> Associate Midwife . . . . . (limited space available) .	<input type="radio"/> \$650	<input type="radio"/> \$750
- <input type="radio"/> Junior Member . . . . . <input type="radio"/> 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, April 30, 2010 for a chance to win a free registration  
to a Regional CME of your choice in 2010 or 2011**

**RETURN REGISTRATION FORM TO:**

See Reverse

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

See Reverse

**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 with the exception of the SCC Basic Colposcopy course.
- 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 2 (full-day).....  Yes  OR  No

SCC - Basic Colposcopy course - Wed., June 2 (full-day) ..... # of Participants ..... \$100/person  
(Registration limited to 45 participants, must be registered for the full ACM program to attend)

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

POST GRADUATE (half-day sessions) - Thurs., June 3..... PG morning session: 3, 4\*, 5, 6, 7, 8, 9, 11 or 12 AND PG afternoon session: 3A\*, 4A, 5A, 13, 14, 15, 16, 18 or 19  
\* sessions 3A and 4A open to Ob/Gyn only  
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 (2 hours) - Thurs., June 3  
or  
SS: 1 or 2  
1<sup>st</sup> choice: \_\_\_\_\_  
2<sup>nd</sup> choice: \_\_\_\_\_

BEST PRACTICE SESSION A - Fri., June 4..... BPSA: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 or 12  
1<sup>st</sup> choice: \_\_\_\_\_  
2<sup>nd</sup> choice: \_\_\_\_\_  
3<sup>rd</sup> choice: \_\_\_\_\_

BEST PRACTICE SESSION B - Sat., June 5..... BPS B: 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 or 24  
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 2 ..... # of participants ..... \$0

Special Event featuring band "The Lost Fingers" - Fri. June 4 ..... # of participants ..... \$150 / person

Resident Fun Night - Sat. June 5 ..... # of participants ..... \$0 for RPDP, JR, Students  
..... # of participants ..... \$15 for other member types or non-members

**SECTION F: REGISTRATION FEES TOTAL**

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

**QUEBEC RESIDENTS ONLY** - Please add TVQ (7.5%) for the Scientific Program Registration Fees ONLY (see section C and D)..... TVQ: \$ \_\_\_\_\_

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

TOTAL OF SECTIONS C, D, AND E ..... Registration Fee(s): \$ \_\_\_\_\_  
Registration fees include GST (GST# 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, April 30, 2010. 75% of the fee will be refunded for cancellations received between April 30 and May 21. No refunds will be granted on or after Saturday, May 22, 2010. **Social Program:** The entire fee will be refunded if a written notice of cancellation is received on or before Friday, April 30, 2010. No refund will be granted after Saturday, May 1, 2010.

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