



5th Ontario Gynaecology CME Program

Marriott Downtown Eaton Centre, Toronto, ON — April 24–25, 2009



THE SOCIETY OF
OBSTETRICIANS AND
GYNAECOLOGISTS
OF CANADA

Registration Form

Register before Friday, March 13, 2009 for a chance to win a free registration to a Regional CME of your choice in 2009 or 2010.

SECTION A: DELEGATE INFORMATION (please print or type)

NAME: _____
Last Name First Name Initial Salutation

ADDRESS: _____
Street Apt. # City Province Postal Code

PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____

Physically challenged (please specify): _____

SECTION B: MEMBERSHIP INFORMATION

SOGC Membership #: _____

SECTION C: PARTICIPANT PROFILE AND REGISTRATION FEES

(please check appropriate box)

member non-member

CME ONLY

<input type="radio"/> Ob/Gyn	<input type="radio"/> \$450	<input type="radio"/> \$575
<input type="radio"/> Associate MD	<input type="radio"/> \$250	<input type="radio"/> \$375
<input type="radio"/> Associate RN	<input type="radio"/> \$190	<input type="radio"/> \$345
<input type="radio"/> Associate Health Care	<input type="radio"/> \$190	<input type="radio"/> \$345
<input type="radio"/> Associate Midwife	<input type="radio"/> \$225	<input type="radio"/> \$290
<input type="radio"/> Associate Research (PhD)	<input type="radio"/> \$110	<input type="radio"/> \$185
<input type="radio"/> Associate Allied Health Care	<input type="radio"/> \$90	<input type="radio"/> \$115
<input type="radio"/> New Graduate (first year in practice)	Free of Charge	
<input type="radio"/> Junior Member		
<input type="radio"/> Family Practice Resident		
<input type="radio"/> Student in Healthcare Training / Medical Student		
<input type="radio"/> Life / Honorary Member / Past-Presidents		

CME (April 24-25, 2009) and ALARM COURSE (April 26-27, 2009)

Note: ALARM Course is limited to 40 participants. Please check for availability prior to registering. See Preliminary Program for more details.

<input type="radio"/> Ob/Gyn	<input type="radio"/> \$1125	<input type="radio"/> \$1440
<input type="radio"/> Associate MD	<input type="radio"/> \$1025	<input type="radio"/> \$1340
<input type="radio"/> Associate Research (PhD)	<input type="radio"/> \$945	<input type="radio"/> \$1275
<input type="radio"/> Associate RN	<input type="radio"/> \$745	<input type="radio"/> \$925
<input type="radio"/> Associate Midwife	<input type="radio"/> \$705	<input type="radio"/> \$745
<input type="radio"/> Junior Member	<input type="radio"/> \$695	<input type="radio"/> \$710
<input type="radio"/> Family Practice Resident		
<input type="radio"/> Student in Healthcare Training		

DAILY FEE - CME ONLY (Full or half day program)

Please specify day(s): April 24 April 25 | \$250 | \$300

****NOTE:** There will be no advanced registration for the BEST PRACTICE BREAKOUT SESSIONS or the CONCURRENT SESSIONS at this meeting. Simply present yourself at the session of your choice but arrive early since seating is limited.

SECTION D: TOTAL REGISTRATION FEES AND METHOD OF PAYMENT

Cheque (Made payable to SOGC) Visa MasterCard | TOTAL SECTION C – Registration: \$ _____

** Note: GST is included in registration costs (GST# 10809 9045 RT0001)

Credit Card #: _____ Expiry Date: _____

Name of Cardholder: _____ Total Amount Enclosed: \$ _____

Signature: _____ Date: _____

NOTE: All payment must be in Canadian funds and must be submitted with the registration form.

CANCELLATION POLICY: Registration fees are refundable, less a 25% cancellation penalty, if notification is received in writing no later than Friday, March 13, 2009. There will be no refunds after that date. The SOGC reserves the right to cancel sessions due to insufficient registrations.

You can
also register
online at
www.sogc.org

RETURN REGISTRATION FORM TO: 780 Echo Drive, Ottawa ON K1S 5R7

or Fax (613) 730-4314 www.sogc.org