



Registration Form

SECTION A: DELEGATE INFORMATION (please print or type)

Name: _____
Last Name First Name Salutation

Address: (Office Home): _____
Street Apt.# City Province Postal Code

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

Physically challenged (please specify) _____

Allergies (please specify) _____

SECTION B: MEMBERSHIP INFORMATION

SOGC Membership #: _____ ASOG Membership #: _____

SECTION C: PARTICIPANT PROFILE AND REGISTRATION FEES

(please check appropriate box) 430-4200-000

	member	non-member
CME ONLY		
<input type="radio"/> Associate MD.	<input type="radio"/> \$250	<input type="radio"/> \$375
<input type="radio"/> Ob/Gyn.	<input type="radio"/> \$450	<input type="radio"/> \$575
<input type="radio"/> Associate Researcher (PhD) ..	<input type="radio"/> \$190	<input type="radio"/> \$345
<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"/> \$190	<input type="radio"/> \$345
<input type="radio"/> New Ob/Gyn Graduate (first year in practice)	<input type="radio"/> \$225	<input type="radio"/> \$290
<input type="radio"/> Junior Member.	<input type="radio"/> \$110	<input type="radio"/> \$185
<input type="radio"/> Family Practice Resident	<input type="radio"/> \$110	<input type="radio"/> \$185
<input type="radio"/> Students in Healthcare Training	<input type="radio"/> \$90	<input type="radio"/> \$115
<input type="radio"/> Life/Honorary Member/Past-Presidents	Free of charge	

CME (March 26–28, 2009) **and ALARM COURSE** (March 29–30, 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 Researcher (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"/> \$745	<input type="radio"/> \$925
<input type="radio"/> Junior Member.	<input type="radio"/> \$705	<input type="radio"/> \$745
<input type="radio"/> Family Practice Resident	<input type="radio"/> \$705	<input type="radio"/> \$745
<input type="radio"/> Students in Healthcare Training	<input type="radio"/> \$695	<input type="radio"/> \$710

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

<input type="radio"/> March 26	<input type="radio"/> \$250	<input type="radio"/> \$300
<input type="radio"/> March 27		
<input type="radio"/> March 28		

TOTAL REGISTRATION FEES (registration fees include GST - (GST # 10809 9045 RT0001): _____

See Reverse Side...

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.



19th West/Central CME in conjunction with the ASOG, March 26–28, 2009
 The Fairmont Banff Springs Resort Hotel, Banff, Alberta

Registration Form (Continued)

SECTION D: TOTAL REGISTRATION FEES AND METHOD OF PAYMENT

TOTAL SECTION C – Registration: \$

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

Cheque (Made payable to SOGC) Visa MasterCard

Credit Card #: _____ Expiry Date: _____ Total Amount Enclosed: _____ \$

Name of Cardholder: _____ 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, February 13, 2009**.

There will be no refunds after that date. The SOGC reserves the right to cancel sessions due to insufficient registrations.

FOR OFFICE USE ONLY:

Registration #: _____ Date received: _____ Date processed: _____

Amount: _____ (CDN or US) Cheque number: _____ Dated: _____

GPS#: _____ Phone Reg. Taken by: _____ Date: _____

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

Return to the Society of Obstetricians and Gynaecologists of Canada
 780 Echo Drive, Ottawa, Ontario K1S 5R7
 Tel: 1-800-561-2416 or (613) 730-4192; Fax: (613) 730-4314 www.sogc.org