



REGISTRATION FORM

- please print clearly -

Last Name _____ First Name _____

Title _____

Organization _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

E-mail _____

GST Exemption # (if applicable) _____

Registration Fees

\$400 - Physicians, Nurses, Residents, Health Professionals in related industry / \$200 - Health Students

of registrants _____ @ \$400 = _____

of registrants _____ @ \$200 = _____

Sub-total: _____

+ 5% GST: _____

Total: _____

Payment Cheque Money Order / Bank Draft Invoice

Please make payable to "**Tuberculosis Conference Planning Committee**"

Please include this form(s) and mail with payment to:

8th TB Symposium, 240 Huntington Hill, Edmonton, Alberta, Canada T6H 5Y6

- A processing fee of \$50 will apply to cancellations received on or before March 01, 2012
- No cancellations/refunds after March 01, 2012. All cancellations must be received in writing
- Registrations are non-transferable

I understand and hereby accept the registration and cancellation conditions expressed herein:

Signature: _____ Date: _____

If you would like to participate in networking luncheon discussions, please suggest topic(s) of interest:
