

# PARTICIPANT REGISTRATION FORM

**YOU CAN NOW REGISTER ON LINE AT: <http://www.criticalcarereview.ca>**

**Please Print:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Tel: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Email: \_\_\_\_\_

University / Program: \_\_\_\_\_ Program Director: \_\_\_\_\_

Please indicate any dietary restrictions, requirements or allergies: \_\_\_\_\_

**Registration Options:** Registration fees include admission and online meeting archive recording for all sessions, breakfasts, lunches and nutrition breaks indicated in the program.

	Early Bird Pricing Before April 7, 2012	Regular Price After April 7, 2012
<input type="checkbox"/> Residents/Fellows or International Medical Graduates Registered in a Canadian Program	\$300.00	\$400.00
<input type="checkbox"/> Physicians and Others <u>who are</u> members of the Canadian Critical Care Society	\$650.00	\$750.00
<input type="checkbox"/> Physicians and Others	\$750.00	\$850.00

**Please make your cheque payable to: *Canadian Critical Care Society***

**And send to: Canadian Critical Care Review, P.O. Box 133, St. Clements, Ontario, NOB 2M0**

**Note: All cancellations must be received in writing no later than May 14, 2012 for a full refund, less an administrative fee of \$50.00. No refunds will be issued after this date.**

*For further information please contact:*

LOUISE BRUNS

CANADIAN CRITICAL CARE REVIEW PROGRAM

Tel: (519) 699-9232 or Fax: (519) 218-8919 E-mail: [brunslo@criticalcarereview.ca](mailto:brunslo@criticalcarereview.ca)