



# REGISTRATION FORM

Please complete a Registration Form for each participant. Registration is limited and must be received by May 20, 2009 with full payment to guarantee placement. Please refer to the **Schedule** for more details on Packages A, B and C.

**Please complete this section in full (please print):**

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

**ADDRESS:** \_\_\_\_\_  
 please include street, city, country & zip/postal code

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**WORKSHOP REGISTRATION: Please indicate one of three packages (check box ✓).**  
 (\*Cdn. \$)

<input type="checkbox"/> <b>PACKAGE A</b> WORKSHOP REGISTRATION: June 21 – 24 *	\$550.00*
<input type="checkbox"/> <b>PACKAGE B</b> WORKSHOP REGISTRATION: June 21 – 25 *	\$650.00*
<input type="checkbox"/> <b>PACKAGE C</b> WORKSHOP REGISTRATION: June 24 – 25 *	\$250.00*

**ACCOMMODATION REGISTRATION:** (Room Rate: \$119/night to \$159/night, + taxes)  
 (please print):

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

Check-In Date and Time: \_\_\_\_\_

Check-Out Date and Time: \_\_\_\_\_

Special Requirements: \_\_\_\_\_

**\*\* Your Credit Card information will be provided to the hotel to confirm your reservation. You will be billed directly by the Best Western Lamplighter Inn for your accommodation (not included in registration fees).**

<b>STRATFORD DINNER/THEATRE EVENING: June 23, 2009</b> (includes transportation, dinner at the Church Restaurant, Stratford Theatre ticket: "A Funny Thing Happened on the Way to the Forum")  <input type="checkbox"/> <b>Yes, I will attend.</b> <input type="checkbox"/> <b>No, I will not attend.</b>  _____ Special Dietary Requirements	\$225.00
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<b>CREDIT CARD INFORMATION (please print):</b>  <b>Name on Credit Card:</b> _____  <b>Visa / Master Card No:</b> _____ (circle one) <b>Expiry Date:</b> _____  <b>Signature:</b> _____	Workshop: \$ _____  Stratford: \$ _____  <b>TOTAL: \$ _____</b>
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**CANCELLATION POLICY:** Cancellations prior to May 20, 2009 will be refunded in full. After this date, there will be a \$250.00 cancellation fee. Confirmation will be sent to you via e-mail or fax.

**PLEASE FAX COMPLETED FORM TO: Betsy Toth, Registrar, University Hospital, 339 Windermere Road, London, Ontario: Fax: 519-663-3609**

We regret we are unable to guarantee your registration or hotel reservations without a complete registration form.