

REGISTRATION FORM

“Clinical Genomics – the Good, the Bad and the Ugly”

Friday 20th April 2012

Application Deadline 6th April 2012

Name (Please print): _____
Dept. / Organization: _____
City: _____

Phone: _____
Fax: _____
E-mail: _____

Registration Details:

Registration Fee \$50

(Please complete payment information)

Applies to the following categories:-

General Family Practice Physician
Specialty Practice Physician
Geneticist/Genetic Counsellor
Researcher
Other (please specify) _____

Students (Free)

(limited spaces, registration required)

Undergraduate Student
Graduate Student
Post-Doctoral Fellow
Medical Student
Resident / Fellow

Industry Registration Fee \$250
(Please complete payment information)

Webcast Participation *(registration required)*

I will attend in person
I will attend via webcast

Please help us evaluate your attendance of this conference by telling us how you hope to benefit:

Travel Awards

A limited number of travel awards are available for participants from outside the Lower Mainland.

I wish to apply for a travel award

Payment Details:

Fees will be charged to your credit card:

Registration Date: _____

Credit Card: MC , Visa

Cardholder Name: _____

Credit Card Number: _____

Cardholder Signature: _____

Credit Card Expiry: _____

Please fax completed form to Liza Mak at **604 875 3019**; Tel: **604 875 2000 ext 5626**;
DO NOT E-MAIL THE COMPLETED FORM IF CREDIT CARD INFORMATION IS INCLUDED
Thank you for your interest!

