



# REGISTRATION FORM

Dr.  Mr.  Ms. | Name: \_\_\_\_\_

*(as you would like it to appear on your name badge)*

Affiliation: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

T: \_\_\_\_\_ F: \_\_\_\_\_

E: \_\_\_\_\_

## Fees

|   |           |
|---|-----------|
| Early Registration (on or before September 6, 2010)   | \$325 CDN |
| Regular Registration (September 7 – November 6, 2010) | \$385 CDN |
| Clinical Trials Workshop                              | \$200 CDN |

## Registration Details

Thursday, November 4– Saturday, November 6, 2010

[ ] Open Workshops and Plenary Sessions \$ \_\_\_\_\_

Sunday, November 7, 2010

[ ] Clinical Trials Workshop \$ \_\_\_\_\_

**Sub-total** \$ \_\_\_\_\_

*Plus 12% HST (#108043738)* \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

## Method of Payment

Cheque (payable to Dermatology International)  Visa  MasterCard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Name of Cardholder: \_\_\_\_\_

CVV Number: \_\_\_\_\_ Signature: \_\_\_\_\_

[www.dermatologyupdate.com](http://www.dermatologyupdate.com)

**Please mail or fax to:** Symposium Secretariat c/o Simply Eventful Management

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