


Canadian Society of Otolaryngology-Head and Neck Surgery
REGISTRATION FORM - 65th Annual Meeting, May 22-24, 2011, VICTORIA, BC

Name		Companion's Name (IF ATTENDING)	
Address			
City	Province	Postal Code	Country
Phone	Fax	Email	
<input type="checkbox"/> I DO NOT wish to have my name and address (as listed above) released to the corporate sponsors of this meeting.			
<input type="checkbox"/> I'm FELLOWSHIP TRAINED in:			



<input checked="" type="checkbox"/> CATEGORY	Early Fee (to April 29)	On-site (after April 29)
Active Member	\$ 650	\$ 750
Non-Member MD	\$ 775	\$ 875
Resident / Fellow (please circle)	\$ 300	\$ 400
Emeritus (scientific program only)	N/C	N/C
Emeritus (social events)	\$ 175	\$ 175
Companion Fee	\$ 125	\$ 125
Allied Health Professional / Medical Students (please circle)	\$100 /day* x days	\$100/day* x days
REGISTRATION SUB-TOTAL		
Registration fee includes HST, admission to all the scientific sessions, the welcoming reception, the president's banquet, delegates' coffees and lunches, unless otherwise indicated. Registrations will only be accepted to May 13, 2011 . After that date you MUST register ON-SITE . *Does NOT include evening socials		

<input checked="" type="checkbox"/>	ADDITIONAL SOCIAL EVENTS	# of tickets	\$ Total
	Mon 05/23 Yoga with Airlie - \$15/person		
	Mon 05/23 Whale Watching - \$94/adult; \$85/student (13-17 yrs.); \$76/child (7-12 yrs.)		
	Mon 05/23 World's Finest Cars Tour - \$20/person (transportation only)		
	Tues 05/24 Butchart Gardens - \$95/adult; \$82/student (13-17 yrs.); \$37/child (7-12 yrs.)		
	Wed 05/25 Golf, Bear Mountain Resort - \$139 / person		
ADDITIONAL EVENTS SUB-TOTAL			

<input checked="" type="checkbox"/>	PLEASE INDICATE
Vegetarian meals required. Other dietary concerns / food allergies:	
Interest in a supervised children's program during the President's Banquet. Number of children: Ages:	
Interest in a supervised children's program during the day (May 23 & 24). Number of children: Ages:	

<i>Canadian Otolaryngology-Head & Neck Surgery Fund</i>	\$ Total
In lieu of a Monday evening fundraiser, please consider a contribution to the Fund.	
I wish to donate: <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> other	
CONTRIBUTION <i>Thank-you for your support!</i>	

GRAND TOTAL	\$
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<input checked="" type="checkbox"/>	METHODS OF PAYMENT
CHEQUE	Payable to the Society. Forward with your form to mailing address below.
	Card Number: _____ Expiry Date: _____ Card Holder's Name: _____ FAX: (519) 846-9529 ~ PHONE: (800) 655-9533 / (519) 846-0630 ~ MAIL: Forward to address below.
	Go to www.entcanada.org/RegistrationForm.asp and look for the <i>PayPal</i> option.

 **MAILING ADDRESS:** Canadian Society of Otolaryngology-Head and Neck Surgery, 221 Millford Cres., ELORA, ON N0B 1S0

FOR SECURITY REASONS DO NOT EMAIL THIS FORM.