

CSTM Conference
 May 4 – 6, 2007
 Fairmont Palliser, Calgary, Alberta



CSTM Conference Registration Form

REGISTRATION - Please Print

Last Name _____ First Name: _____ Dr/Mr/Mrs/Ms

Institution/Corporation (This will appear on your badge): _____

Address: _____

City _____ Prov: _____ Postal Code: _____ Tel: _____

Fax: _____ Email: _____

Guest(s) name (Extra Person): Meet and Greet: _____ Reception _____ Annual Banquet _____

Membership: CSTM individual CSTM institutional Student (half price registration fee) Attestation required

Category: Speaker Sponsor Exhibitor

Profession: MD Nurse Technologist Other _____ Specialty: _____

Please indicate if you: Have special needs - If so, please specify: _____ delegate guest

Require a vegetarian meal Have food allergies -If so, please specify: _____ delegate guest

A - REGISTRATION FEES (Registration fees include 6% GST- registration # 8756 78666 RT 0001)					
CONFERENCE	Posted by April 01, 2007		Posted after April 01, 2007		Total Cost
	Member	Non-member	Member	Non-member	
Full Program	\$350	\$450	\$425	\$525	\$
Friday, May 4 th	\$150	\$250	\$225	\$325	\$
Saturday, May 5 th	\$150	\$250	\$225	\$325	\$
Sunday, May 6 th	\$100	\$125	\$125	\$150	\$
EVENTS		Non-member, corporate, guest and others	# of people attending (including yourself)		
Meet and greet – May 2 nd	N/C	\$25	# ___@ N/C	# ___@ \$25	
President reception – May 3 rd	N/C	\$25	# ___@ N/C	# ___@ \$25	\$
AGM Luncheon – May 4 th (members only)	N/C		Attending <input type="radio"/> yes <input type="radio"/> no		
Annual Banquet – May 5 th	\$75	\$75	# ___@ \$75		\$
TOTAL A					

B - WORKSHOP FEES - Thursday, May 3 rd – Please note that workshops are separate from the conference and additional fees apply (Workshop fees include 6% GST- registration # 8756 78666 RT 0001)					
WORKSHOPS	Posted by April 01, 2007		Posted after April 01, 2007		Total Cost
	Member	Non-member	Member	Non-member	
Thursday, May 3rd					
AM workshop (Select only one) (Breakfast included)	A – Tech track <input type="checkbox"/>	\$75	\$100	\$90	\$125
	B – NSG/TSO track <input type="checkbox"/>				
	C – Admin track <input type="checkbox"/>				
PM workshop (Select only one) (Lunch included)	D – Tech track <input type="checkbox"/>	\$75	\$100	\$90	\$125
	E – NSG/TSO track <input type="checkbox"/>				
	F – Admin track <input type="checkbox"/>				
TOTAL B					\$
GRAND TOTAL (A & B)					\$

C - METHODS OF PAYMENT - Payment accepted by cheque, Visa and MasterCard

Payment by credit card – Charge on your statement will show billing from The Royal College of Physicians and Surgeons of Canada

Amount enclosed: _____ #GST: 8756 78666 RT 0001 Visa MasterCard Cheque Made payable to: CSTM 2007

Card number: _____ Expiry Date _____

Name of Cardholder _____ Signature _____

For one time use only / Pour usage unique seulement

CANCELLATION POLICY	PLEASE FORWARD REGISTRATION PAYMENT TO
<p>The registration fee will be refunded if a written notice of cancellation is received on or before April 15, 2007. An administration charge of \$50 will apply to all refunds. <u>NO REFUNDS PROVIDED AFTER APRIL 15, 2007</u></p>	<p>CSTM 774 Echo Drive, Ottawa, ON K1S 5N8 Tel: 613-260-6198 Fax: 613-730-1116 Email: website: www.transfusion.ca</p>

Personal data provided on the registration form may be disclosed for commercial purposes.
 Please check this box if you do not wish your name and information to be disclosed.

PLEASE ALLOW 2-4 WEEKS FOR PROCESSING. A CONFIRMATION NOTICE WILL BE SENT BY MAIL