

UBC Radiology Conference

Vancouver Imaging Review: Head to Toe

Thur, Oct 12 - Sun, Oct 15, 2017

ME9081

Rosewood Hotel Georgia, 801 West Georgia Street, Vancouver, BC, Canada

SPACE IS LIMITED

A confirmation of registration and purchase receipt will be provided electronically.

ubcradcme.com

Registration Form

Contact Details

DR. MR. MS. MRS. (PLEASE CHECK ONE)

FIRST NAME

LAST NAME

MAILING ADDRESS

CITY

PROVINCE/STATE

POSTAL OR ZIP CODE

COUNTRY

TELEPHONE

FAX

EMAIL *REQUIRED*

Registration Type

PLEASE INDICATE

Radiologist Technologist Resident Fellow
 Other - please indicate:

SPECIALTY

Syllabus Format

PLEASE CHOOSE ONE

USB Dropbox

Welcome Cocktail Reception RSVP (Thu Oct 12, 1700 - 1900)

PLEASE INDICATE

I will be attending I will be bringing a guest

Special Needs and Dietary Restrictions

The venue is wheelchair accessible. Vegetarian options will be provided at meals. Please indicate any other special needs:

Registration Fees (in Canadian dollars)

Radiologists

Prior to Oct 2, 2017 \$895
 After Oct 2, 2017 \$1195

Residents, Fellows, Technologists

Prior to Oct 2, 2017 \$495
 After Oct 2, 2017 \$595

Residents and Fellows are required to provide a letter from their Program Director confirming their status.

Cancellation Policy

Should you need to cancel your registration, you must do so in writing to cpd.info@ubc.ca before **Oct 2, 2017**. Your registration fee, less a \$100 handling charge, will be refunded. After Oct 2, 2017, no refunds will be granted for withdrawal unless a replacement can be secured by the registrant; however, the handling charge will still apply.

The UBC Dept of Radiology and UBC CPD reserve the right to cancel a course thirty (30) days prior to the course date. Each registrant will be notified by telephone, followed by written notification and a full refund. The University of British Columbia is not responsible for any costs, including, but not limited to, airline or hotel penalties.

Payment

VISA MASTERCARD CHEQUE ENCLOSED (PAYABLE TO UBC CPD)

\$

AUTHORIZED AMOUNT

NAME OF CARDHOLDER

SIGNATURE

CREDIT CARD NUMBER

EXPIRY DATE

Please do not email this form. Only forms accompanied by full payment will be processed. To ensure course materials are ready for you at the conference, your registration must be received by 4pm on **Oct 6, 2017**.

UBC CPD publishes a participant list for the course that includes the participant's name and city. Please check the box below if you DO NOT wish to have your information included on the participant list:

I do NOT wish to be included on the participant list

Please mail forms with payment to:

UBC CPD

VGH—JPPN 3300, 910 West 10th Avenue, Vancouver, BC, V5Z 1M9

Tel: 604.875.5101 FAX: 604.875.5078 EM: cpd.info@ubc.ca

UBC CPD

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