



2005 ORTHOPAEDIC SYMPOSIUM

in partnership with Sports Physiotherapy Canada

REGISTRATION FORM

Please **PRINT** carefully ~ **ALL** blanks must be completed to be processed.

DELEGATE INFORMATION

DELEGATE NAME: _____

CREDENTIALS: _____

STREET ADDRESS: _____

CITY: _____ PROV/STATE: _____

POSTAL/ZIP CODE: _____

TELEPHONE (home): (____) _____ FAX: (____) _____

E-MAIL (required): _____

What is your preferred method of communication: ☐ e-mail ☐ fax ☐ mail

DELEGATE INFORMATION

Check the appropriate delegate classification(s):

☐ ORTHO ☐ SPORTS ☐ CPA (CPA ID # _____)

☐ NON-CPA ☐ STUDENT (Institution Name: _____)

Please indicate any severe dietary restrictions: _____

Is this your first Orthopaedic Symposium? ☐ Yes ☐ No

Do you consent to the use of your name and address on the mailing list provided to the symposium exhibitors? ☐ Yes ☐ No

Disclaimer: The 2005 Orthopaedic Symposium in partnership with Sports Physiotherapy Canada, reserves the right to make appropriate program changes as deemed necessary and/or cancel events due to circumstances beyond its control. In the event of cancellation of the Symposium, only registration fees will be refunded.

☐ I agree to this disclaimer.

SYMPOSIUM FEES

IMPORTANT NOTE: Registrations will NOT be processed until both registration form AND payment are received at Innovative Conferences & Communications. Hard-copy registration forms faxed will be processed within 4 business days; mailed hard-copy registrations forms will be processed within 4 business days from day of postal delivery to Innovative Conferences & Communications.

Registrations for courses and the symposium are on a “first paid, first served” basis.

Please check one of the following:

☐

Enclosed is my cheque payable to “2005 Orthopaedic Symposium”

☐

Please charge to my credit card: ☐ VISA ☐ MASTERCARD

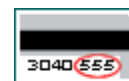
Name on Card: _____

Credit Card Number: _____

3 Digit CVV2 # (on back of credit card) _____

Expiry Date: _____

Signature: _____



Symposium fees are in Canadian funds and include 7% GST (Ortho Division GST # 12995-4665-RT).

| | ORTHO SPORTS | CPA | Non- CPA | STUDENT | AMOUNT OWING |
|--|-----------------|-------|-------------|---------|-----------------|
| Full Symposium Registration Fri, Oct 28 - Sun, Oct 30 | | | | | |
| Early (on or before July 15, 2005) | \$485 | \$535 | \$585 | \$285 | \$ _____ |
| Regular (after July 15, 2005) | \$535 | \$585 | \$635 | \$335 | |
| As part of the full symposium registration, I plan to attend: ○ the opening Wine & Cheese Reception (Friday) ○ the Gala Masquerade Evening (Saturday – 1 ticket complimentary) | | | | | N/A |
| Pre-Symposium Courses | | | | | |
| 1) O’Sullivan – Level I (Wed-Fri) | \$600 | \$650 | \$700 | n/a | + \$ _____ |
| 2) Miller (Thurs-Fri) | \$400 | \$450 | \$500 | n/a | |
| 3) Hrycyshyn (Fri) | \$220 | \$270 | \$320 | \$220 | |
| Post-Symposium Courses | | | | | |
| 1) O’Sullivan – Level II (Mon-Tue) | \$500 | \$550 | \$600 | n/a | + \$ _____ |
| 2) Walsh (Sun-Mon) | \$375 | \$375 | \$425 | \$300 | |
| 3) McGill (Mon) | \$220 | \$270 | \$320 | \$220 | |
| For those taking O’Sullivan’s Level II course, please indicate where and when Level I was taken: _____ | | | | | N/A |
| Gala Masquerade Evening: _____ additional tickets x \$65.00 = | | | | | + \$ _____ |
| Tuition Reduction Coupon: 1 presenter per concurrent / poster presentation | | | | | |
| Presentation Code _____ (eg., 1A-1) - \$200.00 | | | | | - \$ _____ |
| TOTAL PAYMENT OWING | | | | | \$ _____ |

CONFIRMATION OF REGISTRATION

Registrants will receive a note of confirmation by e-mail within 4 business days of receipt of registration and followed up with a confirmation package 3-4 weeks later. Official receipts for registration fees will ONLY be provided on-site in your symposium registration package.

If you have NOT received confirmation of your processed registration (as outlined above), it is your responsibility to contact Heather Reid (Symposium Planner) at 519-652-0364 or hreid@innovcc.ca.

SUBMITTING REGISTRATION

FAX your completed registration WITH credit card information to: 519-652-5015

OR

MAIL/COURIER your completed registration WITH cheque / credit card info to:

2005 Orthopaedic Symposium
c/o Innovative Conferences & Communications
PO Box 319, 59 Millmanor Place
Delaware, Ontario N0L 1E0
519-652-0364 (phone)
519-652-5015 (fax)

**THIS PAGE DOES NOT NEED TO BE SUBMITTED
WITH REGISTRATION FORM**

