## PEDIATRIC ALLERGY & DERMATOLOGY FOR THE PRACTITIONER

## Mar 11 - 13, 2016 (FRI -SUN)

Four Seasons Resort Whistler 4591 Blackcomb Way, Whistler, BC

<ul><li>CONTACT DETAILS</li><li>● Dr. ● Mr. ● Ms.</li></ul>		• Urba	an 🌢 Rural
Last Name	Given Name(s)		
Address			
City	Prov/State	Postal Code	
Telephone	Fax		
Email (required)			
<b>CONFERENCE FEES</b> (include course materials, breakfasts, refreshments, Welcome Reception on Fri night)	By Feb 8, 2016	Feb 9— Mar 1, 2016	After Mar 1 & On-Site
Physicians	\$459	\$519	\$559
Allied Health	\$259	\$279	\$309
Residents/Students* *must provide proof of status on- site	\$199	\$219	\$219

COURSE SYLLABUS: Course materials will be distributed via USB or Dropbox; if you wish to receive a printed syllabus, you may purchase one here:

• I would like to purchase a printed syllabus (\$20)

## **DIETARY REQUIREMENTS / ALLERGIES:**

Severity: • HIGH or • LOW, foods can be in the same room, but well labeled

## **PAYMENT BY MAIL OR FAX**

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TOTAL AMOUNT ENCLOSED

Credit Card Number

Expiry Date

VISA

MC

Name of Cardholder

Signature

\*Do not email this form. No refunds or transfers, unless you cancel IN WRITING by February 25 for a \$100 fee.

**Registration Services** provided by:



Easy ways to Register ubccpd.ca 604.875.5101 604.875.5078 AX cpd.info@ubc.ca UBC CPD VGH JPPN 3300 910 W 10<sup>th</sup> Ave Vancouver BC V5Z 1M9 I am a: Family Physician/General Practitioner

Specialist

Allied Health

Other (please specify)

Are you a fellow of the Royal College of Physicians and Surgeons of Canada (RCPSC)?

• Yes No

If yes, please list your specialty:

Personal Information is collected on this registration form pursuant to section 26 of the Freedom of Information and Protection of Privacy Act, RSBC 1996 c. 165. Information is used for the purposes of facilitating the conference and collecting aggregate statistics.

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 CONSENT to being on the participant list

All participants registered for UBC CPD courses are included on the contact list for future programs. If you DO NOT wish to have UBC CPD contact you, please indicate below.

 I DO NOT wish to be on the UBC CPD contact list

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