



# Psychiatry Review Course Registration Form

## Caribbean Cruise Conference

Star Princess

November 6-13, 2005

Registrant Name (as it appears in passport): \_\_\_\_\_

Professional Designation:  Family Physician  
 Psychiatrist  
 Other (please specify) \_\_\_\_\_

Address: \_\_\_\_\_ City, Prov/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear about the conference? \_\_\_\_\_

Travelling companions (names as in passports; indicate ages for children)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

[continue on separate page if more space needed]

Cabin preference (please rank in order of preference): \_\_\_ Inner \_\_\_ Oceanview \_\_\_ Verandah

Dinner seating preference:  Early seating  Late seating  "Anytime"

Medical and Travel Insurance is recommended:  Accepted  Declined

Flights required:  Yes  No Transfers to/from port required:  Yes  No

Special Requests: \_\_\_\_\_

<b>Need more information?</b>
☎ Phone: (416) 237-1427
✉ E-mail: info@psychiatryreviewcourse.com
🌐 Website: www.psychiatryreviewcourse.com

<input type="checkbox"/> Regular Registration Fee [in Canadian dollars; no GST or HST]: \$550
<input type="checkbox"/> Reduced Resident/Spousal Registration Fee: \$335
<input type="checkbox"/> \$75 "Introduce a Colleague" deduction [colleague: _____]

*This registration form may be faxed to (416) 234-0962, or mailed to Psychiatry Review Course at 2 Jane Street, #204, Toronto, ON, Canada, M6S 4W3. Payment may be made by cheque, payable to Psychiatry Review Course, or by credit card at time of booking with Thomas Cook. Information on this form will be shared with Thomas Cook for booking purposes, and may also be used to keep you informed of future events. Payment of deposit indicates acceptance of the General and Specific "Terms and Conditions" for the November 2005 conference, which are posted on the conference website or can be faxed/e-mailed on request.*

Office Use: Date \_\_\_\_\_ CAT/# \_\_\_\_\_ TA \_\_\_\_\_ TT \_\_\_\_\_ XR \_\_\_\_\_