



# Psychiatry Review Course Registration Form

International Conference

Disney Magic Cruise

March 12 - 19, 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]

Please check one for dinner seating preference:  Early seating  Late seating

Please check here to confirm you have read the "Terms and Conditions" for the March 2005 Psychiatry Review Course conference (these can be found on our website, or faxed/e-mailed on request):

**Yes, I have read the Terms and Conditions for this conference**

## Registration Fee [all amounts in Canadian dollars; no GST or HST]

**Registration: \$ 550**

**Late Registration [after November 9, 2004]: \$ 650**

Eligible for \$75 "Introduce a Colleague" deduction:  Yes  No

[if "Yes", name of colleague: \_\_\_\_\_]

Cheque for net registration may be made payable to "Psychiatry Review Course" and mailed to Psychiatry Review Course, 2 Jane Street, #204, Toronto, ON, Canada, M6S 4W3

- or -

Registration may be paid by credit card to Carlson Wagonlit at time of booking

*We will be away between Nov 5-15, 2004, during that time please fax this form directly to Carlson Wagonlit Travel at (416) 237-9287. After Nov 15, you may fax us at (416) 234-0961.*

Office Use: Date \_\_\_\_\_ CAT \_\_\_\_\_ TA \_\_\_\_\_ TT \_\_\_\_\_