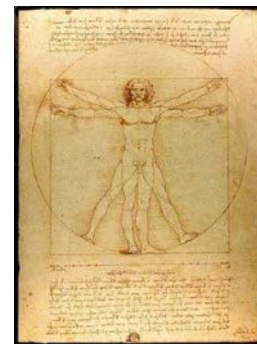




## The 28<sup>th</sup> Annual History of Medicine Days 2019 Registration Form



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ P/C: \_\_\_\_\_

Tel No: \_\_\_\_\_ eMail: \_\_\_\_\_

I am currently in my \_\_\_\_\_ year of undergraduate \_\_\_\_ or postgraduate \_\_\_\_ studies at the  
University/College of: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Faculty, program, etc.: \_\_\_\_\_

Presentation Preference: \_\_\_\_ Oral \_\_\_\_ Poster

If you are a University of Calgary student, do you also work for the U of C? Yes \_\_\_\_ No \_\_\_\_

Complete papers can be submitted for review after the conference for potential Proceedings Volume publication – dependent upon the acceptance of the presentation/poster abstracts.

### ALL PRESENTERS:

The U of C will provide all your meals for Friday and Saturday.

Please help us to ensure there is “no waste” and confirm your attendance by indicating Yes or No.

#### Friday, March 22<sup>nd</sup>:

#### Meal Planner

Breakfast .....Yes \_\_\_\_ No \_\_\_\_

Lunch .....Yes \_\_\_\_ No \_\_\_\_

Dinner (Hot Buffet) .....Yes \_\_\_\_ No \_\_\_\_

#### Saturday, March 23<sup>rd</sup>:

Breakfast .....Yes \_\_\_\_ No \_\_\_\_

Lunch .....Yes \_\_\_\_ No \_\_\_\_

You may bring a guest – no charge. Name of guest: \_\_\_\_\_

Dinner (Awards Banquet) .....Yes \_\_\_\_ No \_\_\_\_

For all Presenters, Judges and Chairpersons - You may bring a guest - cost per guest - \$45.00\*

Name of guest: \_\_\_\_\_

Do you have any Dietary Concerns? \_\_\_\_\_

Does your guest have any Dietary Concerns? \_\_\_\_\_

\*Please make cheque payable (for your banquet guest) to the **University of Calgary**

Registration form to be returned **ASAP** to:

Donna Weich, Conference Coordinator, History of Medicine Days 2019

Email: [donna.weich@ucalgary.ca](mailto:donna.weich@ucalgary.ca) Fax: 403- 270-7307 Phone: 403-220-2481