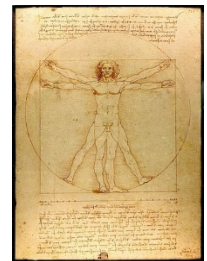


The 26th Annual
HISTORY OF MEDICINE DAYS 2017
REGISTRATION FORM



NAME: _____

ADDRESS: _____ **P/C:** _____

TEL NO: _____ **E-MAIL:** _____

I am currently in my _____ year of undergraduate ___ or postgraduate ___ studies
at the University/College of _____
Faculty, program, etc. _____

Presentation Preference: Platform _____ or 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 checking ONLY the meals that you will be present for!

Friday, March 17th **I WILL ATTEND**

BreakfastYes No

LunchYes No

Dinner (Hot Buffet)Yes No
(You may bring a guest – no charge, **please let me know**)

Name of guest: _____ Yes No

Saturday, March 18th

BreakfastYes No

LunchYes No

Dinner (**Awards Banquet**)Yes No
For all Presenters, Judges & Chairpersons

***(You may bring a guest - cost per guest - \$45.00)**Yes No

Name of guest: _____

Do you have any Dietary Concerns? _____

***Please make cheque payable (for your banquet guest) to the
University of Calgary, History of Medicine Days**

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

Donna Weich, Conference Coordinator, History of Medicine Days 2017

Email: donna.weich@ucalgary.ca Fax: 403- 270-7307 Phone: 403-220-2481