



The Manitoba
College of
Family Physicians^{Inc.}

A Chapter of The College of Family Physicians of Canada

Le Collège
manitobain des
médecins de famille^{inc.}

Un chapitre du Collège des médecins de famille du Canada

54th ANNUAL SCIENTIFIC ASSEMBLY
April 19 - 21, 2012
VICTORIA INN
1808 Wellington Avenue Winnipeg Manitoba

CONFERENCE REGISTRATION FORM

Name _____

Address _____
PLEASE PRINT

Telephone _____ Fax _____
POSTAL CODE

Email _____

- Full Member of CFPC
Number: _____
- Non-Member Mainpro
Participants
Number: _____
- Allied Health Professional
- Resident
- Medical Student
- Nursing Student

CANCELLATIONS will be assessed a \$30.00 administration fee. ♦ NO POST DATED CHEQUES PLEASE ♦ CANADIAN FUNDS ONLY.

THIS AREA MUST BE COMPLETED

Breakfast, Lunches & President's Banquet Tickets

To correctly estimate our catering requirements, tickets are issued for breakfasts, lunches and the President's Banquet; therefore, please indicate which tickets you will require. **YOUR REGISTRATION PACKAGE WILL INCLUDE ONLY THE TICKETS YOU SPECIFICALLY ORDERED.**

		I WOULD LIKE A TICKET:	
Thursday	Continental Breakfast	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Thursday	Lunch	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Friday	Continental Breakfast	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Friday	Annual Meeting Lunch	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Friday	President's Banquet at the Winter Club	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	- I will use my free ticket from my FULL conference registration	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	- I would like to order <u>additional</u> tickets (See reverse)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
Saturday	Brunch at 11:00 am	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SPECIAL MEALS* Vegetarian Other (Please Specify) _____

** When seated, please advise the banquet staff what type of special meal you have ordered.*

CONVENTION REGISTRATION FEES

EARLY BIRD RATE
Registrations received
BEFORE
March 30, 2012

Registrations
received AFTER
March 30, 2012

Check Your Registration Type

FULL CONFERENCE FEE		
<input type="checkbox"/> CFPC MEMBER Physician*	\$500.00	\$530.00
<input type="checkbox"/> Non-Member Mainpro Participant*	\$650.00	\$680.00
<input type="checkbox"/> Allied Health Professional*	\$400.00	\$430.00
<input type="checkbox"/> Resident, Nursing Student or Nurse Practitioner Student	\$100.00	\$130.00
<input type="checkbox"/> Medical Student	FREE (Must pre-register)	FREE (Must pre-register)

**Includes one complimentary ticket to President's Banquet, upon request. See reverse to order ticket*

\$ _____

ONE DAY CONFERENCE FEE		
<input type="checkbox"/> CFPC MEMBER Physician	\$230.00	\$240.00
<input type="checkbox"/> Non-Member Mainpro Participant	\$255.00	\$265.00
<input type="checkbox"/> Allied Health Professional	\$175.00	\$185.00
<input type="checkbox"/> Resident, Nursing Student or Nurse Practitioner Student	\$35.00	\$45.00
<input type="checkbox"/> Medical Student	FREE (Must pre-register)	FREE (Must pre-register)

Please circle day(s): Thursday Friday

\$ _____

HALF DAY CONFERENCE FEE		
<input type="checkbox"/> CFPC MEMBER Physician	175.00	\$185.00
<input type="checkbox"/> Non-Member Mainpro Participant	195.00	\$205.00
<input type="checkbox"/> Allied Health Professional	130.00	\$140.00
<input type="checkbox"/> Resident, Nursing Student or Nurse Practitioner Student	25.00	35.00
<input type="checkbox"/> Medical Student	FREE (Must pre-register)	FREE (Must pre-register)

Please circle half day(s): Thursday AM PM Friday AM PM Saturday AM

\$ _____

ADDITIONAL PRESIDENT'S BANQUETS TICKETS – FRIDAY APRIL 20th		
<input type="checkbox"/> Dinner & Entertainment – Adult	\$40.00 X _____	\$ _____
<input type="checkbox"/> Dinner & Entertainment – Child (5 – 12 yrs)	\$15.00 X _____	\$ _____
<input type="checkbox"/> Dinner & Entertainment – Child (under 5 yrs)	Free X _____	_____

One free banquet ticket is included in a FULL conference registration, upon request..

\$ _____

Make Cheque Payable To:
MANITOBA COLLEGE OF FAMILY PHYSICIANS
240 -1695 Henderson Highway,
Winnipeg MB R2G 1P1

TOTAL REGISTRATION FEE:
Includes GST