

Twenty-first International Course on Therapeutic Endoscopy



October 22-25, 2008

Toronto, Canada

Registration:

	Number of Persons	Total Cost
Physician \$800 CDN (GST Incl.)	_____	_____
Fellow \$650 CDN (GST Incl.) (letter from supervisor required)	_____	_____
Nurse \$650 (GST Incl.)	_____	_____

Registrants Please Note:

1. Full registration fee by cheque, money order, VISA or MasterCard must accompany this form.

If paying by credit card, this form can be faxed to (905) 257-6698.

Signature: _____

Print Name: _____

VISA MASTERCARD

Credit Card #: _____

Expiry Date: ____ / ____

2. Cancellation requests received in writing prior to October 1, 2008 will be refunded, less a \$75 fee.

3. Please make cheque or money order payable to **Twenty-first International Course on Therapeutic Endoscopy** and mail with completed registration form to:

Dr. Norman Marcon
St. Michael's Hospital
16-062 Cardinal Carter Wing
30 Bond Street
Toronto, ON Canada M5B 1W8

4. Registration confirmation will be mailed to you on receipt of your payment.

5. For additional information call **(905) 257-1410**.

PLEASE TYPE OR PRINT CLEARLY YOUR NAME AND ADDRESS:

Name: _____

Address: _____

Postal/Zip code: _____

Country: _____

Telephone: () ____ - _____

Fax: () ____ - _____

Email: _____