



**TWENTY-FOURTH
INTERNATIONAL
COURSE ON**

THERAPEUTIC ENDOSCOPY

Registration

Physician \$600.00 (CDN)
Nurses / Trainees \$400.00 (CDN)

1. Full registration fee by cheque, money order, VISA, MasterCard (no AMEX) must accompany this form. If paying by credit card, this form can be faxed to **(416) 864.5803**

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Fax: () _____

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2. Cancellation requests received in writing prior to September 1, 2011 will be refunded, less a \$75 fee.
3. Please make cheque or money order payable to
Centre For Advanced Therapeutic Endoscopy
c/o Dr. N. Marcon
30 Bond St.
Toronto, ON. M5B 1W8
4. Registration confirmation will be mailed to you on receipt of your payment.
5. For additional information call **(905) 257-1410**