

Registration Form



Prevention in Renal Disease

September 19-20, 2008

WESTIN PRINCE HOTEL, TORONTO

PLEASE TYPE OR PRINT CLEARLY. COMPLETE ONE FORM PER DELEGATE.

DELEGATE INFORMATION			
First name:		Last Name:	
Address:			City
Province/State:	Country:	Postal/Zip Code:	
For telephone and fax numbers, please include country and area codes.			
Telephone:		Fax:	
E-mail:		Principal specialty:	
Institutional affiliation:		Degree:	

REGISTRATION FEES (please circle applicable rate)	EARLY RATE (before Aug. 22)	REGULAR RATE (Aug. 23 - Sept. 12)	ON-SITE RATE (from Sept. 13)
Physicians	\$350	\$375	\$400
Residents & Fellows in Training**	\$225	\$250	\$275
Allied Health Care Professionals (pharmacists, nurses, etc.)	\$225	\$250	\$275
Others	\$500	\$550	\$600

**A letter of verification from Department Chairman must accompany application for reduced fee.

Registration Fees are in Canadian currency and include 5% GST – GST # 88624 5422 RT0001

METHOD OF PAYMENT: ONLY FORMS ACCOMPANIED BY PAYMENT WILL BE PROCESSED

Cheque/Money order – **All cheques and money orders must be payable to *Prevention in Renal Disease*.** Cheques drawn on a foreign bank account will not be accepted. We suggest that International registrants pay by money order or credit card.

Credit Card: **VISA** only

Card Number: _____ Expiry date: _____

Name on card: _____ Total fee: \$ _____

Cardholder signature: _____ Date: _____

Credit card payments will be charged in Canadian currency.
For those holding non-Canadian credit cards, your local currency will appear on your credit card statement.

PLEASE DO NOT BOTH FAX AND MAIL YOUR REGISTRATION FORM. USE ONE METHOD ONLY.

If paying by credit card: Fax completed form to Dr. D.G. Oreopoulos at 416-603-8127. Only credit card payments may be faxed.

If paying by cheque or money order: Cheques and money orders must be payable to *Prevention in Renal Disease*.

Mail completed form with full payment to: **Prevention in Renal Disease, c/o Dr. D.G. Oreopoulos, Toronto Western Hospital, New East Wing 8-408, 399 Bathurst St., Toronto, ON, M5T 2S8, Canada.**

Registration inquiries may be directed to: Tel: +1-416-603-7974, Fax: +1-416-603-8127, or Email: sandra.medeiros@uhn.on.ca

For online registration please visit our webpage at www.nephroprevention.com