

REGISTRATION FORM

National Chief Medical Residents' Conference 2010 (Hamilton, April 15 – 18, 2010)

APPLICANT INFORMATION			
Name:			Univ: _____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
E-mail address: _____			
Chief Residency Term: <input type="checkbox"/> 2009-10 Academic Year <input type="checkbox"/> 2010-11 Academic Year <input type="checkbox"/> Other: _____			
REGISTRATION FEES			
Registration Fees of \$550 per participant. *Registration fees cover conference materials, rooming costs for 3 nights, and conference meals.		<i>Cheques should be made payable to McMaster University</i>	
CONSENT			
<ul style="list-style-type: none"> • I CONSENT to having my name appear on a published registrant list <input type="checkbox"/> YES <input type="checkbox"/> NO • I CONSENT to having my name, home program and e-mail address added to the National CMR database for upcoming CMR events and opportunities <input type="checkbox"/> YES <input type="checkbox"/> NO 			
CONTACT INFORMATION			
Home Program			
Program Director Name			
Program Admin. Name			
Mailing Address			
Emergency Contact Info			
Any Food Allergies or requirements?			
Would your home Program be willing/able to host the Spring 2011 National CMR Conference: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE *Please specify if you have verified this with your home Program administration offices. <input type="checkbox"/> YES <input type="checkbox"/> NO			
The Conference will be located at the Sheraton Hamilton. We have reserved a block of rooms and will be making reservations direct for your registration.	Rooming preferences: (i.e. would you like to stay with colleagues from your Program? Are you traveling with a companion etc.)		
Return Completed Form TO:	Jan Taylor, CMR Conference Committee, jtayl@mcmaster.ca fax 905-521-4972 McMaster University, HSC 3W10, 1200 Main Street West, Hamilton, ON L8N 3Z5		

Registration Deadline: February 19, 2010