



Federation of
Medical Regulatory
Authorities of Canada

Fédération des
ordres des médecins
du Canada

Registration Form

FMRAC 2016 Annual Meeting & Conference

The Rimrock Resort Hotel
300 Mountain Avenue
Banff, Alberta, Canada
11-13 June 2016

Contact Information

Last Name:	First Name:
Name as you would like it to appear on badge:	
Organization:	
Address:	City:
Province/State:	Country: Postal/Zip Code:
Phone Number:	Fax Number:
Email:	
Emergency Contact:	Phone Number:

Registration Costs

	FEE	COST
Early Full Registration (includes admission to open meetings, educational sessions, and meal functions) on or before 25 April 2016.	\$1,000	\$
Full Registration after 25 April 2016.	\$1,100	\$
Please indicate <u>your</u> menu choice for dinner on Sunday 12 June: <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> vegetarian		
Tickets for guest to attend dinner on Sunday 12 June:	\$150/guest	\$
Name of Guest		
First Name: _____ Last Name: _____		
Please indicate <u>your guest's</u> menu choice for dinner on Sunday 12 June: <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> vegetarian	TOTAL:	\$

Please indicate any dietary allergies for yourself: _____
Please indicate any dietary allergies for your guest: _____

Mobile Devices

Will you be bringing your (please circle all): iPhone / smart phone / android phone / tablet / laptop

Payment

Please complete the attached Visa/MasterCard form or make cheque payable to: Federation of Medical Regulatory Authorities of Canada. Please note any refunds may be issued by cheque.

How To Register

BY MAIL: 103-2283 St. Laurent Boulevard
Ottawa, ON K1G 5A2
Attention: Catherine Tattrie

BY EMAIL: ctattrie@fmrac.ca
BY FAX: 613-738-9169

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Date: _____

Please check one: **VISA** **MASTERCARD**

Attendee's Name: _____

Total amount authorized for: \$ _____

Cardholder Name: _____

Organization: _____

Complete Address: _____

I, _____
(PLEASE PRINT) authorize the Federation of Medical Regulatory Authorities
of Canada to charge my credit card for the total amount indicated above.

Cardholder Signature

VISA ONLY	MASTERCARD ONLY
Visa Card Number: _____ _____	MasterCard Number: _____ _____
Expiry Date: _____	Expiry Date: _____
Three-digit Security Code: _____	Three-digit Security Code: _____