Registration Form

FMRAC 2017 Annual Meeting & Conference

The Fairmont Winnipeg
2 Lombard Place
Winnipeg, Manitoba Canada
10-12 June 2017

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**	**Total**
Early Full Registration (includes admission to open meetings, educational sessions, meal functions and receptions) **on or before 24 April 2017**.	$1,000	$
Full Registration **after 24 April 2017**.	$1,100	$
Please indicate your menu choice for dinner on Sunday 11 June: ❒ steak & chicken ❒ vegetarian		
Tickets for guest(s) to attend the Reception on Saturday, 10 June and the Reception & Dinner on Sunday, 11 June: **Name of Guest** First Name: ________________________ Last Name: __________________	$150 / guest	$
Please indicate your guest's menu choice for dinner on Sunday 11 June: ❒ steak & chicken ❒ vegetarian		$

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

Mobile Devices

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

Payment

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

How To Register

BY MAIL: 1021 Thomas Spratt Place
Ottawa, ON K1G 5L5
Attention: Catherine Tattrie

BY EMAIL: ctattrie@fmrac.ca

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Date: ___________________________

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

Participant's Name: ____

Total amount authorized for: **$** ______________________

Cardholder Name: ____

Organization: ____

Complete Address: ____
____

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

____
Cardholder Signature

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VISA ONLY	MASTERCARD ONLY
Visa Card Number: ____	MasterCard Number: ____
Expiry Date: ________________________________	Expiry Date: ________________________________
Three-digit Security Code: ______________________	Three-digit Security Code: ______________________