

ANNUAL CONFERENCE OCTOBER 15-17, 2010

QUEEN'S LANDING INN AND CONFERENCE RESORT
NIAGARA-ON-THE-LAKE, ONTARIO



ONTARIO ASSOCIATION OF GASTROENTEROLOGY



2010 CONFERENCE THEME: DO GI DOCTORS NEED A HOSPITAL?

REGISTRATION FORM

DEADLINE: SEPTEMBER 17, 2010

You can register in one of three ways:

1 Online
via our secure server at:
www.gastro.on.ca

2 Fax:
(416) 491-1670

3 Mail: Ontario Association of Gastroenterology
2175 Sheppard Ave. East, Suite 310, Toronto, ON M2J 1W8
Tel: (416) 494-7233/1-866-560-7585

Please indicate: Member Non-Member Sponsor Speaker GI Resident/Fellow Invited Guest

Name: _____

Companion's Name: _____

Company: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Business Phone: _____ Fax: _____

E-mail: _____

How would you like to receive your conference confirmation?
 Mail Fax E-mail

REGISTRATION INCLUDES
President's Welcome Dinner,
Scientific Session, Companion
Program, Breakfast, Lunch,
Cocktail Reception, Gala & Awards
Presentation, Annual Business
Meeting and Coffee Breaks.

CONFERENCE REGISTRATION IS COMPLIMENTARY TO OAG MEMBERS AND THEIR COMPANIONS

RESIDENTS' ROUND TABLE LUNCHEON

Must be completed by GI Residents/Fellows ONLY.

	I will attend	My Companion will attend
Residents' Round Table (Pre-registration is required to attend this event.)	<input type="checkbox"/>	<input type="checkbox"/>

EVENTS

	I will attend	My Companion will attend
President's Welcome Dinner	<input type="checkbox"/>	<input type="checkbox"/>
Cocktail Reception & Gala* Meal Preference: <input type="checkbox"/> Meat <input type="checkbox"/> Fish <input type="checkbox"/> Poultry <input type="checkbox"/> Vegetarian	<input type="checkbox"/>	<input type="checkbox"/>
Companion Program – Sparkling Brunch (Off-site)* (Pre-registration is required to attend this event.)	<input type="checkbox"/>	<input type="checkbox"/>
Annual Business Meeting	<input type="checkbox"/>	<input type="checkbox"/>
Scientific Lectures	<input type="checkbox"/>	<input type="checkbox"/>

*Costs covered by OAG membership dues.

Do you have dietary concerns? Yes No

Concern: _____

Does your companion have dietary concerns? Yes No

Concern: _____

CANCELLATION POLICY:

To avoid a penalty of \$800, cancellation of all OAG conference events, including housing, MUST be made in writing to the OAG office at least **seven (7) business days** prior to the conference. A cancellation # will be assigned to you.

OAG PRIVACY POLICY:

The OAG produces an on-site program, which includes the following business information of registered GI delegates: full name, address, telephone, fax and e-mail. This information will not be used for any other purpose by the OAG:

- Yes, you may publish my contact information
 No, please do not publish my contact information

Signature _____

HOTEL RESERVATIONS

To take advantage of your complimentary hotel accommodation, you **MUST** complete the form below and fax it back to the OAG office to (416) 491-1670 on or before **September 17, 2010**.

I/We will require hotel accommodations: Yes No

Smoking Non-smoking

Number of nights: 1 2 Other _____

Arrival Date and Time: _____

How many people are in your party? 1 2 Other _____

Do you require a child's cot or crib? Yes No Crib Cot

Age of Children: _____

Do you require an adjoining room? (At member's expense) Yes No

CREDIT CARD INFORMATION (mandatory)

Charge to Visa MasterCard

Card Number _____

Expiry Date ____ / ____

Print Name on Credit Card _____

Signature _____

MEMBERSHIP

Non-member gastroenterologist
(Includes one year's OAG membership.)

\$250

Please make cheque payable to Ontario Association of Gastroenterology

Visit our website to review the benefits of membership: www.gastro.on.ca

FOR OFFICE USE ONLY

	Date	Date	
Received by Office	_____	Confirmation Letter sent ..	_____
Date Entered	_____	Invoice/Receipt sent	_____
Payment Processed	_____	Copy of payment submitted to Accounting	_____
Completed by: (Initial) _____			