

Registration Form

Deadline December 14, 2009

INTERNATIONAL SYMPOSIUM ON LIVER AND IBD REVIEW

January 22-24, 2010 • The Westin Trillium House - Blue Mountain

SPACE LIMITED TO 50 GI DOCS

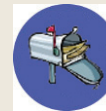
You can register one of three ways:



Online via a secure server at:
www.gastro.on.ca



Fax to:
(416) 491-1670



Mail to: Ontario Association of Gastroenterology
2175 Sheppard Ave. E., Suite 310
Toronto, Ontario M2J 1W8
Tel: (416) 494-7233 • 1-866-560-7585

Please indicate: Member Speaker Sponsor

Name: _____

Companion's Name: _____

Name of children: #1 _____ #2 _____ #3 _____

Age of children: #1 _____ #2 _____ #3 _____

Company: _____

Business Address: _____

Business Phone: _____ Fax: _____

E-mail: _____

How would you like to receive your conference confirmation?

- Mail
 Fax
 E-mail

Registration Includes:

Welcome Dinner, Breakfast, Scientific Session, Nutrition Break, and Winter Wonderland Closing Dinner

Symposium Registration is Complimentary to OAG Members

I will attend:

- Welcome Dinner Scientific Session Winter Wonderland Closing Dinner
(Please advise us if you have dietary concerns) Yes No
Concern: _____

My Spouse/Companion will attend:

- Entire Event (Welcome Dinner, Breakfast, Lunch, Winter Wonderland Closing Dinner)
(Please advise us if you have dietary concerns) Yes No
Concern: _____

My Children/Young only Adult(s) will attend:

- Entire Event (Welcome Dinner, Breakfast, Lunch, Winter Wonderland Closing Dinner)
(Please advise us if you have dietary concerns) Yes No
Concern: _____

My Guest(s) will attend:

- Entire Event (Welcome Dinner, Breakfast, Lunch, Winter Wonderland Closing Dinner)
(Please advise us if you have dietary concerns) Yes No
Concern: _____

CANCELLATION POLICY:

Cancellation of OAG events, including housing, MUST be made in writing to the OAG office at least seven (7) business days prior to the Symposium.

NO SHOW POLICY:

If you register for the OAG Symposium and fail to show, you will be charged a fee equivalent to the published housing, meals or activity fee.

OAG PRIVACY POLICY:

The OAG produces an Onsite 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 (provide business address only)
 No, please do not publish my contact information

Signature _____

Gastroenterologists MUST be members in good standing to attend OAG events.

Registration Fee

	EARLY BIRD:	
	On or before December 14, 2009	After December 15, 2009
Spouse/Companion		
<input type="radio"/> Entire Event:	\$150.00 per person x _____	\$250.00 per person x _____
<input type="radio"/> Winter Wonderland Dinner only:	\$75.00 per person x _____	\$100.00 per person x _____
Other Guests		
<input type="radio"/> Entire Event:	\$150.00 per person x _____	\$250.00 per person x _____
Children (Ages 4 - 15 years):	\$75.00 per person x _____	\$100.00 per person x _____
Children (under 3 years):	N/C	N/C
TOTAL \$	_____	TOTAL \$ _____

Hotel Reservations

To take advantage of your complimentary hotel accommodation, members MUST complete the form below and fax back to the OAG office to (416) 491-1670 on or before **Dec. 14, 2009**.

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 crib? Yes No

Do you require an additional room? Yes No (at delegate's expense)

Rates: Deluxe Room: \$279.00 p/n One Bedroom Suite: \$299.00 p/n
 Two Bedroom Suite (K/Q/Q): \$549.00 p/n Two Bedroom Suite (K/Q): \$529.00 p/n

NB: Cots are NOT available

The OAG will cover the cost of a **Deluxe Room** per registered member. Members are responsible for any additional room costs and incidentals.

METHOD OF PAYMENT

Charge to

Card # _____ Expiry Date / _____

Name _____

Signature _____

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