



# 13<sup>TH</sup> ANNUAL INTERNATIONAL SYMPOSIUM ON LIVER & IBD REVIEW

JANUARY 17 - 19, 2020  
WESTIN TRILLIUM HOUSE - BLUE MOUNTAIN  
COLLINGWOOD, ONTARIO

## REGISTRATION FORM

**DEADLINE: December 18, 2019**

**You can register in one of three ways:**

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

**2 Fax:**  
(416) 491-1670

**3 Mail:** Ontario Association of Gastroenterology  
2800 14th Avenue, Suite 210, Markham, ON L3R 0E4  
Tel: (416) 494-7233/1-866-560-7585

Please indicate: ☐ Member ☐ Sponsor ☐ Speaker ☐ GI Resident/Fellow ☐ OAG Invited Guest

Name: \_\_\_\_\_

Companion's Name: \_\_\_\_\_

Companion's E-Mail: \_\_\_\_\_

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, Breakfasts,  
Scientific Sessions, Nutrition  
Break and President's Party

**SYMPOSIUM REGISTRATION  
OPEN TO 70 GI MEMBERS**

### EVENTS

	I (Member) will attend	My Spouse/ Companion will attend	My Children will attend	My Young Adult will attend	My Guest will attend
Welcome Dinner (Fri)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breakfast (Sat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scientific Sessions (Sat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
President's Party (Sat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breakfast (Sun)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scientific Sessions (Sun)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's Program (Sat Eve.) Ages 4 - 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### DIETARY CONCERNS

Do you have dietary concerns? ☐ Yes ☐ No

Concern: \_\_\_\_\_

Does your spouse/companion have dietary concerns? ☐ Yes ☐ No

Concern: \_\_\_\_\_

Do your children have dietary concerns? ☐ Yes ☐ No

Concern: \_\_\_\_\_

Does your young adult have dietary concerns? ☐ Yes ☐ No

Concern: \_\_\_\_\_

Does your guest have dietary concerns? ☐ Yes ☐ No

Concern: \_\_\_\_\_

**PHOTOGRAPHS:** The OAG, from time to time, will take photos of Symposium delegates for our website, Twitter page, blog or future promotional material. If you do not wish to have your photograph published, please check the box: ☐ No, please do not publish my photograph on the OAG website, Twitter page or blog.

**CANCELLATIONS AND NO-SHOW POLICY:** If you register for OAG events and do not attend, you will be charged a fee. To avoid a penalty, cancellations **MUST** be submitted to the OAG office, in writing, at least seven (7) business days prior to the event. If you register and do not show, a fee of \$1000 will be charged to your credit card. Refunds will be issued for paid registrations that are cancelled by the published deadline. If you made a hotel reservation through the OAG room block, the cancellation fee will also include the cost of the published hotel room rate. For this reason, all registered delegates are required to supply their credit card information at the time of registration. Your card will not be charged unless you fail to attend and have cancelled your registration as detailed above. The OAG website utilizes a Secure Socket Layer (SSL), which encrypts all information provided by the user.

**OAG PRIVACY POLICY:** The OAG produces a Mobile App, which includes the following business information of registered GI delegates: full name, address, telephone, fax and email address. Symposium sponsors may use this information to contact you. 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

### HOTEL RESERVATIONS

To take advantage of your complimentary hotel accommodation, members **MUST** complete the form below and return to the OAG office by mail, fax or e-mail on or before **December 18, 2019**. Please note that all rooms are non-smoking.

I/We will require hotel accommodations: ☐ Yes ☐ No

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 (Cots are NOT available at this hotel.) This hotel does not have two beds per room but is equipped with a full size sofa bed.

Do you require an additional room? (At delegate's expense.) ☐ Yes ☐ No  
(If yes, do you require an adjoining room?) ☐ Yes ☐ No

#### Rates:

☐ Deluxe Room: \$305.00 p/n ☐ One Bedroom Loft Suite: \$508.00 p/n  
☐ One Bedroom Suite: \$315.00 p/n ☐ Two Bedroom Suite (K/Q): \$559.00 p/n  
☐ One Bedroom Den Suite: \$386.00 p/n ☐ Two Bedroom Suite (K/Q/Q): \$611.00 p/n

**Note:** For members, the OAG will cover the cost of a Deluxe Room for a maximum of two nights. Members are responsible for any additional room costs and incidentals.

### REGISTRATION FEE (Plus HST)

	EARLY BIRD: On or before December 18, 2019	LATE REGISTRATION: December 19, 2019 and after
<b>Member-Active/Honourary</b>	\$250.00 per person x _____	\$350.00 per person x _____
<b>Member-Residents/Fellows</b>	\$200.00 per person x _____	\$300.00 per person x _____
<b>Spouse/Companion</b>		
<input type="radio"/> Entire Event:	\$225.00 per person x _____	\$325.00 per person x _____
<input type="radio"/> Welcome Dinner ONLY:	\$ 75.00 per person x _____	\$100.00 per person x _____
<input type="radio"/> President's Party ONLY:	\$ 85.00 per person x _____	\$110.00 per person x _____
<b>Guest/Young Adult (Ages 13 - 18 years)</b>		
<input type="radio"/> Entire Event:	\$225.00 per person x _____	\$325.00 per person x _____
<input type="radio"/> Welcome Dinner ONLY:	\$ 75.00 per person x _____	\$100.00 per person x _____
<input type="radio"/> President's Party ONLY:	\$ 85.00 per person x _____	\$110.00 per person x _____
<b>Children (Ages 4 - 12 years):</b>	\$125.00 per person x _____	\$225.00 per person x _____
<b>Children (3 yrs and under):</b>	Complimentary x _____	Complimentary x _____
	Add 13% HST: _____	Add 13% HST: _____
	<b>TOTALS \$</b> _____	<b>TOTALS \$</b> _____

### CREDIT CARD INFORMATION (Mandatory to secure a guest room.)

HST# 858140973 RT0001

Charge to ☐ Visa ☐ MasterCard

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_

CVV \_\_\_\_\_

Print Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

By signing, I authorize the use of my credit card. Please note that the OAG does not keep credit card numbers on file.

Signature \_\_\_\_\_