

Symposium REGISTRATION Form*

CANADIAN SYMPOSIUM ON ADVANCED PRACTICES FOR CHILD ABUSE PEDIATRICIANS November 17, 2010

and CURRENT ISSUES IN SEXUAL ASSAULT, DOMESTIC VIOLENCE AND CHILD MALTREATMENT CONFERENCE November 18 – 19, 2010

*NOTE: Physicians attending the 'Symposium' on Wednesday, November 17th and who plan on attending the 'Current Issues in Sexual Assault, Domestic Violence and Child Maltreatment Conference' should NOT register on-line. In order to receive the multiple day discount, please complete and return the 'Symposium Registration Form' by FAX or Email only.

MAIL TO: SCAN Program, The Hospital for Sick Children, 555 University Avenue, Toronto, ON, M5G 1X8 or
FAX: 416-813-5846

FEE SELECTION	Up to & including November 1 st	After November 1 st
One day only (Wed., Thurs., or Friday)	\$175	\$200
Two days (your choice)	\$325	\$375
Three day package	\$450	\$495

SYMPOSIUM and CONFERENCE SELECTIONS

- Wednesday, November 17, 2010 – 'Canadian Symposium on Advanced Practices for Child Abuse Pediatricians'
- Reception – I will be attending the Wine & Cheese Reception on Wednesday, November 17 from 4:45 – 6:30 pm

The detailed 'Current Issues in Sexual Assault, Domestic Violence & Child Maltreatment Conference' brochure can be viewed at www.sickkids.ca/cme. We cannot guarantee workshop choices on late, illegible or on-site Registrations. Please read the brochure thoroughly and make your selection carefully. Print clearly and include payment with your application to avoid delay in processing.

- Thursday, November 18, 2010 (rank your choices in each time slot from 1 – 3)
10:30 – 12:00 ___ T1 ___ T2 ___ T3 1:15 – 2:45 ___ T4 ___ T5 ___ T6 3:00 – 4:30 ___ T7 ___ T8 ___ T9
- Friday, November 19, 2010 (rank your choices in each time slot from 1 – 3)
10:30 – 12:00 ___ F1 ___ F2 ___ F3 3:00 – 4:30 ___ F4 ___ F5 ___ F6

FEE DETAILS

- 1 day \$____
- 2 days \$____
- 3 days \$____
- TOTAL \$____

PAYMENT DETAILS

- Cheque payable to: **SickKids. Sexual Assault/Child Maltreatment Conference**
- Credit Card VISA MC AMEX
- Name on card: _____ Card # _____
- Signature: _____ Date: _____

Refunds will NOT be issued for cancellations rec'd after Nov. 3rd, 2010. A fee of \$75 will be retained on all cancellations. Requests must be in writing to info.scan@sickkids.ca

First & Last Name:

Mailing Address:

City:

Province:

Postal/ZIP Code

Telephone:

Email Address: You MUST include an email address.