

8th Winter Arrhythmia School Registration

Sunnybrook Health Sciences Centre

2075 Bayview Ave, E241

Toronto, Ontario

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www.winterarrhythmia.com

8th Winter Arrhythmia School

February 4-6th, 2011

3045 Chemin de la Chapelle, Mont Tremblant, Quebec, Canada J8E1E1

Attendee Information

Title:	
First Name:	
Last Name:	
Affiliation:	
Address:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone:	
Fax:	
Email:	

Arriving Date:	
Departure Date:	

Guests:	
Extra Dinner Ticket:	

We encourage spouses and family to attend the Gala dinner on Saturday night. Tickets for this dinner are \$35.

Dietary Requirements (and guests' dietary requirements):

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Registration Fees

Standard (Faculty Members, Physicians, Industry Participants)	\$500
Fellows/Students/Allied Professionals (Nurse or Tech)	\$300
Late Registration (For all participants after December 15, 2010)	\$600
Group Reservation & inquiry (Contact Mohammed at WinterArrhythmia@sunnybrook.ca)	
+ Extra Dinner Tickets:	\$
Total Due:	\$

Payment

- Cheque payable to:**
ACMS, Arrhythmia Services,
Sunnybrook Health Sciences Centre
- Credit Card**
- MasterCard
- Visa

Card Number:	
Expiration Date:	
Cardholder Name:	

Please print out and include this form with your payment. You may fax the form with credit card information or mail in with cheque payment.