

# 9th Winter Arrhythmia School Registration

## Sunnybrook Health Sciences Centre

2075 Bayview Ave, E241

Toronto, Ontario

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www.winterarrhythmia.com

9th Winter Arrhythmia School

February 10-12th, 2012

Westin Trillium House Blue Mountain, Collingwood Ontario.

## 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 \$40 for adults, \$20 for children.

Dietary Requirements (and guests' dietary requirements):

- Vegetarian
- Kosher
- Halal

## Registration Fees

<b>Standard</b> (Physicians, Industry Participants)	<b>\$550</b>
<b>Fellows/Students/Allied Professionals</b> (Nurse or Tech)	<b>\$350</b>
<b>Late Registration</b> (For all participants after December 5, 2011)	<b>\$650</b>
<b>Group Reservation &amp; inquiry</b> ( <a href="mailto:WinterArrhythmia@sunnybrook.ca">WinterArrhythmia@sunnybrook.ca</a> )	
+ Extra Dinner Tickets:	\$
<b>Total Due:</b>	<b>\$</b>

## Payment

- Cheque payable to:**  
Arrhythmia Education Account,  
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.