



ANNUAL CSATVB DINNER, October 24th, 2010
REGISTRATION FORM

Montreal Annual Meeting

PERSONAL INFORMATION

FIRST NAME: _____ LAST NAME: _____

INSTITUTION (University or Hospital): _____

PROVINCE: _____

E-MAIL ADDRESS: _____

I am a **REGULAR** , an **ASSOCIATE** , an **HONORARY** or a **TRAINEE** member.

- I am a Trainee presenting a Poster or Talk, as 1st author, during the meeting:

Yes , No

- This presentation has been approved for a CSATVB travel award:

Yes , No

- Entree preference at the Annual Dinner:

-Contrefilet de boeuf (**Beef**) , Filet de saumon (**Salmon**) , vegetarian

-If you have food restriction, please note the allergy / in the space below.

REGISTRATION TO THE ANNUAL CSATVB DINNER

Visit the CSATVB web site << <http://www.csatvb.ca/> >> for more details.

Please register early because seats are limited. Confirmation of your reservation will be returned to you by email.

I am registering as participant for the CSATVB **ANNUAL DINNER**, to be held on Sunday, October 24th at the Le Place D'Armes Hotel which is located on the 55 Saint-Jacques West, Montreal, Quebec, H2Y 3X2, Canada, from 6 pm – 10 pm.

YES:

NO:

ACCOMPANIED BY SPOUSE? YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Spouse's full name _____

Tickets for the dinner are offered at:

- \$60 per person** to CSATVB regular members, associate members and spouses;
- \$25 per person** to CSATVB trainees **NOT** presenting a poster or an oral presentation as 1st author and participating to the Trainees' Workshop
- Free** to CSATVB travel award winners who are giving a poster or an oral presentation **as 1st author** and participating to the Trainees' workshop.
- Free** to CSATVB speakers.

Tickets will be distributed at the registration table before the Dinner.

PAYMENT

You can either pay by cheque or credit card before October 15th, 2010. Full payment must be received by October 15th. *Your payment received, not later than October 15th, will confirm your reservation.*

Please send your payment by cheque to the order of CSATVB to:

CSATVB secretariat
 c/o Ms Louise Bourassa
 CHUL Research Center
 2705 Boulevard Laurier, Room
 TR-93
 Quebec, Qc, G1V 4G2

Or, your credit card number (Visa or Master) by **Fax** to (418) 654-2145

Credit card number:..... Visa ...Master ...

Name:..... Valid through, Month..... Year.....

Amount paid:CDN \$

Signature: _____

For information, call Ms Louise Bourassa at: (418) 656-4141, ext # 46082