



**QUÉBEC ANNUAL MEETING
OCTOBER 21 TO 23, 2007**

**TRAINEES' WORKSHOP & SPECIAL SOCIAL EVENT
REGISTRATION FORM**

PERSONAL INFORMATION

FIRST NAME: _____ LAST NAME: _____
INSTITUTION (University or Hospital): _____
PROVINCE: _____
E-MAIL ADDRESS: _____

REGISTRATION TO THE TRAINEES' WORKSHOP: Career development

Visit the CSATVB web site for a description of the program. This program is **free** for CSATVB trainees. Please note that seats are limited. Confirmation of your application will be made by email.

I am registering as participant for the 2007 Trainees' Workshop, to be held October 21st at the Morrin Center: YES: NO:

Please reserve: a continental breakfast to be served at 7h45, October 21st,
 a buffet lunch to be served at noon October 21st,

Indicate if you are currently completing:

a MSc degree , a PhD degree , a postdoctoral fellowship or a residency

Are you a CSATVB member: YES: NO:

If you are not a CSATVB member, please apply for membership using the online membership application available on the CSATVB web site in order to validate your registration at the workshop. Submit, by cheque, your 2007 membership fees of 10\$.

REGISTRATION TO THE SPECIAL EVENT FOR CSATVB MEMBERS (*waiting list only*)

Visit the CSATVB web site for a description of the special event, including reception, guided-tour and conference on the Old City, 5-course dinner and musical entertainment. This event is free for trainees participating at the morning Trainees' workshop if space is available. Free tickets will be distributed to pre-registered trainees during the morning workshop session at the Morrin

Center. All seats have now been reserved but we are pleased to keep your name on a waiting list if there is cancellation.

Confirmation of your reservation will be made by email.

I am registering as participant for the Special Event, to be held October 21st at the Maison Chevalier: YES: NO:

ACCOMPANIED BY SPOUSE? YES: NO:

Spouse's full name _____

Please select your preferred main course:

1- *Escalope de veau de Charlevoix aux pommes*

1- *Apple Veal Escalope from Charlevoix*

OR

2- *Pavé de saumon de la Matapédia, sauce caramélisée*

2- *Matapédia Salmon with Caramelized Sauce*

Choice of #1 or #2

Have you allergies to specific food:? _____

If you are not participating at the above Trainees' Workshop, the cost is **\$25 CDN per person**. Please send your 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

REGISTRATION PROCEDURE

TO REGISTER EARLY, PLEASE SEND THIS COMPLETED FORM BY FAX OR EMAIL TO:

Louise Bourassa
Fax: (418) 654-2145
Email: LOUISE.BOURASSA@CRCHUL.ULVAL.CA

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