



TRAINEES' WORKSHOP, October 24th, 2010
REGISTRATION FORM

Montreal Annual Meeting

PERSONAL INFORMATION

FIRST NAME: _____ LAST NAME: _____

INSTITUTION (University or Hospital): _____

PROVINCE: _____

E-MAIL ADDRESS: _____

REGISTRATION TO THE WORKSHOP: How to do it better in Graduate Training

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 registration will be returned to you by e-mail.

I am registering to attend the 2010 Trainees' Workshop, to be held Sunday, October 24th at the Le Place D'Armes Hotel, 50 Saint-Jacques West, Montreal, Quebec: YES:

Are you a CSATVB member: YES: NO: , CSATVB file number _____

Please reserve: a continental breakfast (8:00am) a buffet lunch (12:00pm)

Indicate if you are currently completing: MSc , PhD , PDF , Residency

If you are **not a CSATVB member but are a trainee who wishes to attend the Workshop**, you may apply for membership using the online membership application available on the CSATVB web site < <http://www.csatvb.ca/> > in order to validate your registration at the workshop. Submit, by cheque or credit card, your 2010 membership fees of \$20 to Ms. Louise Bourassa (see below) before October 1st.

REGISTRATION PROCEDURE

PLEASE RETURN THIS FORM AND PAYMENT **BY OCTOBER 1st 2010:**

BY E-MAIL to: <louise.bourassa@crchul.ulaval.ca> OR

BY MAIL (with cheque as necessary) to: Ms. Louise Bourassa, CHUQ, Pavillon CHUL (Suite TR-93), 2705 boul. Laurier, Ste-Foy, Québec, G1V 4G2

For more information, please call Ms. Louise Bourassa at: (418) 656-4141, ext # 46082
Fax: (418) 654-2145