



METABOLIC BENEFITS OF BARIATRIC SURGERY AND MEDICINE

CABPS Annual Meeting in Conjunction with IFSO NAC and DS CONSENSUS

4th Annual Obesity Conference

2nd International Consensus Conference on Duodenal Switch



L'ASSOCIATION CANADIENNE des MEDECINS et CHIRURGIENS BARIATRIQUES
The CANADIAN ASSOCIATION of BARIATRIC PHYSICIANS and SURGEONS



REGISTRATION FORM

You can register in one of three ways:

1 Online via secure server
<https://cabps.ca/Conference2017/registration>

2 Fax:
(416) 491-1670

3 Mail: CABPS, 210-2800 14th Avenue, Markham, ON L3R 0E4

Category: ☐ CABPS Member [Current Year - 2017/2018] ☐ IFSO Member [10% Discount] ☐ Non-Member ☐ Speaker ☐ Partner/Sponsor ☐ Exhibitor

Contact Information: (as it will appear on your name badge) ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other _____

Profession: (please check one) ☐ MD ☐ PhD ☐ RD ☐ RN ☐ Pharm ☐ Other _____

Last Name: _____ First Name: _____

Position: _____ Organization: _____

Address: _____

City: _____ Province/State: _____ Postal Code/Zip Code: _____

Phone (please include area code): _____ Fax (please include area code): _____

Email: _____ (Please enter valid e-mail address as this is required to send receipt and confirmation notice.)

Dietary Concerns: _____

ICCDs 2017 Pre-Conference Workshop - May 18 - 19, 2017

Category	REGISTRATION FEE (Includes HST)		TOTAL
	Early Bird (Full) Before May 1	Late (Full) After May 1	
Surgeon	<input type="checkbox"/> \$600.00	<input type="checkbox"/> \$700.00	
Resident	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$350.00	
Allied Health	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$350.00	
One-Day Registration	REGISTRATION FEE (Includes HST)		TOTAL
	Early Bird (Before May 1) Thursday	Late (After May 1) Friday	
Surgeon	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$375.00	
Resident	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$175.00	
Allied Health	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$150.00	

Meet The Faculty Wine & Cheese Reception

Thursday, May 18, 2017

Pre-registration required. ☐ I will attend ☐ I will not attend

Lunch Symposium

Friday, May 19, 2017

Pre-registration required. ☐ I will attend ☐ I will not attend

Conference Registration Includes: Breakfasts, Nutrition Breaks, Lunch, Meet The Faculty Wine & Cheese Reception, access to presentations online, Conference material.

Sub-Total

CABPS/IFSO-NAC Conference - May 19-20, 2017

		REGISTRATION FEE (Includes HST)		TOTAL
Category	Early Bird (Full) Before May 1		Late (Full) After May 1	
CABPS Member Rate				
Surgeon/Internist/ Family Doctor	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$375.00		
Resident	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$300.00		
Allied Health	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$300.00		
CABPS Non-Member Rate				
Surgeon/Internist/ Family Doctor	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$400.00		
Resident	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$350.00		
Allied Health	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$350.00		

Lunch Symposium

Friday, May 19, 2017

☐ I will attend ☐ I will not attend
Pre-registration required.

President's Cocktail Reception

Friday, May 19, 2017

☐ I will attend ☐ I will not attend
Pre-registration required.

CABPS Annual General Meeting

Saturday, May 20, 2017

☐ I will attend ☐ I will not attend

Conference Registration Includes: Breakfasts, Nutrition Breaks, Lunch Symposium, President's Cocktail Reception, access to presentations online, Conference material.

Sub-Total

TOTAL

HST# 848456968 [Fees are in Canadian Dollars]

PRIVACY POLICY

Please sign below if you DO NOT wish to have your contact information, as provided above, included in the Conference Delegate Roster. Otherwise your full name, address, phone and fax numbers will be printed in a format to be presented to all registered delegates attending Canadian Obesity Weekend on May 18-20, 2017. This information will not be used for any other purpose by CABPS, ICCDS 2017 or IFSO-NAC.

Signature _____

PHOTO POLICY

In registering for the Conference, you acknowledge that photos or images of you may be taken during the course of the event. You further acknowledge that these photos may be used for promotion of this and/or future events and may appear on the CABPS website. They will be used solely for the purpose of Canadian Obesity Weekend.

REGISTRATION AND CANCELLATION POLICIES

1. Your registration will not be processed until full payment is received.
2. Notice of cancellation may be made in writing. \$100 cancellation fee will apply for registrations cancelled up to **May 1, 2017**. After **May 1, 2017** no refunds will be issued, substitutions only. All substitutions MUST be made in writing.
3. Confirmation notice of your registration and receipt will be sent to you upon registering online. If you register by mail or fax a confirmation notice will be sent to you within five business days of full payment. If you do not receive your confirmation within this time frame, please contact the Event Registrar at the Conference office at (416) 491-2886.
4. Registration forms received by fax or mail, receipts will be emailed if received by **May 1, 2017**. Receipts for registrations received after this date will be given to you in your delegate package at the meeting.
5. Advance registrations will be accepted up to **May 1, 2017**.

PAYMENT

Please mail directly to the Conference Office. Remember to include the completed form and payment. Cheque or money order enclosed payable to: **Canadian Association of Bariatric Physicians and Surgeons (CABPS)**

Please charge my: ☐ VISA ☐ MasterCard

Card Number _____

Expiry Date: ____ / ____

Print name on credit card: _____

Signature: _____

By signing, I authorize the use of my credit card for this Conference/ CABPS Membership. Please note that all credit card charges will appear under the name of **CABPS** on your statement.