Joint Obesity Conference May 17-19 2018 of CABPS and ICCDS des Cona **3rd International Consensus** 5th Annual Obesity Conference **Conference on Duodenal Switch** ICCDS L'ASSOCIATION CANADIENNE des MEDECINS et CHIRURGIENS BARIATRIQUES The CANADIAN ASSOCIATION of BARIATRIC PHYSICIANS and SURGEONS 2018 Δ **REGISTRATION FORM** 2 Fax: 3 Mail: CABPS, 210-2800 14th Avenue, You can register in **Online** via secure server one of three ways: https://cabps.ca/Conference2018/registration (416) 491-1670 Markham, ON L3R 0E4 Category: O CABPS Member O IFSO Member O Non-Member Speaker O Family Doctor OResident OStudent OPartner/Sponsor [10% Discount] [Current - 2017/2018] Contact Information: (as it will appear on your name badge) O Dr. O Mr. O Ms. O Mrs. O Other _ **Profession:** (please check one) OMD ○ PhD ○ RD ○ RN ○ Pharm ○ Other _ Last Name: First Name: Position: Organization: Address: Province/State: Postal Code/Zip Code: _____ City: Phone (please include area code): ____ _____ Fax (please include area code): _ _ (Please enter valid e-mail address as this is required to send receipt and confirmation notice.) Email:_ Dietary Concerns: _ Family Destant & Continue Des Conference Workshop 1 May 17,0010

| Family Doctors & Contrave Pre-Conference Workshop May 17, 2018 | | | | | | |
|---|---------------------------|--------------------|--|--|--|--|
| | REGISTRATION FEE (| TOTAL | | | | |
| Category | Early Bird (Before May 1) | Late (After May 1) | | | | |
| Family Doctor | \$100.00 | \$125.00 | | | | |
| Meet The Faculty Wine & Cheese Reception – Thursday, May 17, 2018 | | | | | | |
| Pre-registration required. 🔲 I will attend 📃 I will not attend | | | | | | |

Workshop Registration Includes: Breakfasts, Nutrition Breaks, Lunch, Wine & Cheese Reception, Access to presentations online, Conference materia

NB: If you would like to attend the CABPS Conference, please register separately. [See details below.]

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 wll be printed in a format to be presented to all registered delegates attending Canadian Obesity Weekend on May 17-19, 2018. This information will not be used for any other purpose by CABPS or ICCDS 2018.

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. A \$100 cancellation fee will apply for registrations cancelled up to **April 30, 2018**. After **May 1, 2018** 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, 2018. 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 April 30, 2018.

PAYMENT

Signature:

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)

MasterCard

| Please charge my: | 🔲 VISA | |
|-------------------|--------|--|
|-------------------|--------|--|

| Card Number_ | | |
|--------------|---|--|
| Expirv Date: | / | |

| 1. | , | | _ | | | | _ |
|-------|----|----|----|--------|---|-----|---|
| Print | na | me | on | credit | С | ard | |

Pre-registration Required Conference Registration Includes: Breakfasts, Nutrition Breaks, Lunch Symposium, President's Cocktail Reception, Access to presentations online, Conference material

President's Cocktail Reception

I will attend I will not attend

Friday, May 18, 2018

If you register for social events and do not attend a fee of \$50 will be charged to your credit card. Sub-Total

TOTAL

CABPS Annual General Meeting

I will attend I will not attend

Saturday, May 19, 2018

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.

Access to presentations online, Conference material

ICCDS 2018 Pre-Conference Workshop | May 17 - 18, 2018

NB: If you would like to attend the CABPS Conference, please register separately. [See details below.]

Early Bird (Before May 1)

\$325.00

275.00

\$250.00

\$250.00

\$200.00

\$375.00

\$325.00

\$300.00

\$300.00

\$250.00

REGISTRATION FEE (Includes QST/HST/GST)

Late (After May 1)

\$375.00

\$325.00

\$300.00

\$300.00

\$250.00

\$400.00

\$375.00

\$350.00

\$350.00

\$300.00

Sub-Total

TOTAL

Sub-Total



CABPS Conference | May 18-19, 2018

Category

Family Doctor

Medical Student

Surgeon/Internist

Family Doctor

Medical Student

Lunch Symposium

Friday, May 18, 2018

Pre-registration Required

I will attend I will not attend

Resident Allied Health

CABPS Non-Member Bate

Resident Allied Health

CABPS Member Rate Surgeon/Internist