CANADIAN OBESITY WEEKEND JOINT CONFERENCE BETWEEN CABPS AND IFSO NORTH AMERICAN CHAPTER MAY 17-18, 2019 HILTON TORONTO HOTEL 145 RICHMOND STREET WEST TORONTO, ON CANADA









REGISTRATION FORM

You can register in one of three ways:	1 Online via secure server https://cabps.ca/Conference2019/registration (416) 491-1670			ax: 16) 491-1670	Mail: CABPS, 210-2800 14th Avenue, Markham, ON L3R 0E4	
Category: O CABPS Me	mber [Current - 2019/2020]	1ember O	Speaker OFam	ilv Doctor OR	Resident O Student O Partner/Sponsor	
-			•	-		
Profession: (please check on						
	Organization: Province/State:					
	e):					
Email:			(Pleas	se enter valid e-mail a	address as this is required to send receipt and confirmation notice.)	
Dietary Concerns:						
CABPS is getting social!	Please tell us where we can fir Also, remember to "like" our Fa				(optional).	
Primary Healthcare Symposium May 17, 2019					PRIVACY POLICY	
	REGISTRATION FEE	(Includes HST	(GST)	TOTAL	Please sign below if you DO NOT wish to have your contact information, as provided above, included in the Conference Delegate Roster. Otherwise the full name, address, phone, e-mail and fax number will be published on our mobile app. for all registered delegates attending Canadian Obesity Weekend on May 17-18, 2019. This information will not be used for any other purpose by CABPS or IFSO-NAC.	
Category	Early Bird (Before May 1)	Late (Afte	er May 1)			
Primary Healthcare Professional	\$125.00	\$150.0	0			
President's Party - Friday,	May 17, 2019				Signature	
Pre-registration required.	will attend 🔲 I will not attend Nu	mber of Tickets:	☐ 1 or ☐ 2		Olg. Materia	
Conference material, and Mo		In registering for the Conference, you acknowledge that photos of images of you may be taken during the course of the event. You further acknowledge that these photos may be used for promotion this and or future events and may appear on the CABPS website. I will be used solely for the purpose of Canadian Obesity Weeken				
CABPS Conference Ma	ay 17 - 18, 2019				REGISTRATION AND CANCELLATION POLICIES	
	REGISTRATION FEE (Includes HST/GST) TOTAL			TOTAL	 Your registration will not be processed until full payment is received. Notice of cancellation may be made in writing. A \$100 cancellation 	
Category	Early Bird (Before May 1)	Late (Afte	Late (After May 1)		fee will apply for registrations cancelled up to April 30, 2019 .	
CABPS Member Rate					After May 1, 2019 no refunds will be issued, substitutions only. All substitutions MUST be made in writing.	
Surgeon/Internist	\$350.00		\$400.00		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	
Family Doctor	\$325.00	\$375.00				
Resident	\$300.00	\$350.00				
Allied Health	\$275.00	\$325.0			time frame, please contact the Event Registrar at the Conference office at (416) 491-2886.	
Medical Student	\$225.00	\$275.0	U		4. Registration forms received by fax or mail, receipts will be	
CABPS Non-Member Rate					emailed if received by May 1, 2019 . Receipts for registrations	
Surgeon/Internist Family Doctor	\$350.00	\$400.0			received after this date will be given to you in your delegate package at the meeting.	
Resident	\$325.00	\$375.0			5. Advance registrations will be accepted up to April 30, 2019.	
Allied Health	\$300.00	\$350.0				
Medical Student	\$250.00	\$300.0			PAYMENT Please mail your payment directly to the Conference Office.	
Lunch Symposium Friday, May 17, 2019 ☐ I will attend ☐ I will not attend Pre-registration Required Pre-registration Required Pre-registration Required Pre-registration Required Pre-registration Required		I not attend	CABPS Annual General Meeting Saturday, May 18, 2019 I will attend I will not attend		Remember to include the completed form with payment. Cheque or money order enclosed payable to: Canadian Association of Bariatric Physicians and Surgeons (CABPS) Please charge my: VISA MasterCard Card Number	
	Includes: Breakfasts, Nutrition Break ence material, and Mobile App.	s, Lunch Sympo	sium, President's Part	y, Access to	Expiry Date: / Print name on credit card:	
If you register for social	events and do not attend a fee of	\$50 will be a	harged to your cre	dit card.	Signature:	
HST# 848456968 [Fees are in Canadian Dollars]			Sub-Total		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.	
		TOTAL				