



REGISTRATION FORM

Name:	
Institution:	
Telephone:	
Email:	

****Please note which Breakout Session you would like to join, listing your choices 1, 2 and 3. See Program Page 2.**

Choice 1:	
Choice 2:	
Choice 3:	

Registration and Fee is Due by Wednesday April 28th, 2010.

Please make cheques payable to: 'DCCP Ambulatory Clinic Symposium Trust Fund'
(*Only Cheques accepted)

Fax or Email Registration for Confirmation to: Fernanda Shamy

Fax: (416) 867-3678

Email: shamyf@smh.toronto.on.ca

Mail in Registration Fee and copy of Registration Form to:

Renal Transplant Program Attn: Fernanda Shamy

St. Michael's Health Centre

61 Queen Street East, 9th Floor

Toronto, Ontario M5C 2T2

Cancellation Policy:

Cancellations must be received in writing prior to May 5, 2010.

After May 5, 2010 there will be NO refunds.