

BUILDING BRIDGES

ACCADA 2010 NATIONAL CONFERENCE Saskatoon, SK September 29 - October 1, 2010

Registration Form

Name: _____

Title: _____

Department: _____

University: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Select Department Session you wish to attend:

Pediatrics Surgery Medicine Family Medicine Psychiatry Other (OBGYN)

The first 70 registrants are eligible for the River Cruise Lunch on Friday, October 1st, 2010.

Are you interested? Yes No

Make cheque for \$375 payable to:

ACCADA 2010 Conference
c/o Kevin Kobiarka
West Winds Primary Health Centre
3311 Fairlight Drive
Saskatoon, SK S7M 3Y5
email: accada.2010@usask.ca

Completed **registration** form and **cheque** must be received by **August 31, 2010**.

Do you agree to allow the following to be included in a conference attendees list distributed at the conference to attendees only? Yes No

Name, Title, Department, University, email address

Please advise if you have special dietary requirements/restrictions. Reasonable efforts will be made to accommodate.