

Fetal Growth 2016 REGISTRATION FORM

November 17 – 19, 2016

Note: A confirmation of your registration will be sent to you by email with seven working days.

If you wish to pay by credit card you must register online go to: www.fetalgrowth2016.ca

If you wish to pay by cheque (cheque payable to OB/GYN Associates), please complete this form and mail to:

CME Dept. of ObGyn (RE: FG2016)
700 University Ave., 3rd Floor, Room 3-344
Toronto, ON
M5G 1Z5

First Name: _____

Last Name: _____

Workplace Facility: _____

Address: _____

City: _____

Province: _____

Postal Code: _____ Phone #: _____

Email: _____

☐ Physician ☐ Nurse ☐ Sonographer ☐ Fellow ☐ Resident

**** Important Note:** Registration for the **Saturday only program** is by cheque only. Please complete this registration form and send your cheque to the address listed above.

Note: Early Fee is before October 1, 2016 – Late Fee is after October 1, 2016

	Three Days (Thu/Fri/Sat)	Three Days (Thu/Fri/Sat)	Two Days (Thu/Fri)	Two Days (Thu/Fri)	Saturday** only	Saturday** only
Course Fees	Early Fee	Late Fee	Early Fee	Late Fee	Early Fee	Late Fee
Physicians	\$ 750	\$ 850	\$ 695	\$ 795	\$ 250	\$ 300
Nurses / Sonographers	\$ 595	\$ 695	\$ 475	\$ 575	\$ 200	\$ 250
Residents/ Fellows	\$ 500	\$ 600	\$ 400	\$ 500	\$ 150	\$ 200

*Any questions, please call the CME office: 416 586-4800 ext 2489
or email cmeobgyn@mtsinai.on.ca*