

How to Register

World Congress on Huntington's Disease

ME 8377

September 12—15, 2009

The Westin Bayshore, 1601 Bayshore Drive, Vancouver, BC

Online (using our secure server)
www.worldcongress—hd.net

Phone
1-604-875-5101

Fax
1-604- 875-5078

Email
info@worldcongress-hd.net

Mail
UBC CPD
855 West 10th Avenue
Vancouver, BC V5Z 1L7

Only forms accompanied by full payment will be processed. To ensure course materials are ready for you at the conference, your registration must be received by 4:00 pm, **August 15, 2009**. Registrations not received by this point may not be pre-registered for the conference.

Accreditation

The University of British Columbia Division of Continuing Professional Development (UBC CPD) is fully accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS) to provide study credits for continuing medical education for physicians. As well, the Accreditation Council for Continuing Medical Education of the United States (ACCME) maintains a reciprocity relationship with CACMS which the American Medical Association (AMA) recognizes for the purpose of allowing Canadian medical schools the ability to certify activities for AMA PRA Category 1 credits and to award such credits to eligible physicians. This program has been reviewed and approved by the UBC Division of Continuing Professional Development. UBC CPD designates this educational program as meeting the accreditation criteria of the College of Family Physicians of Canada for up to 23.5 MAINPRO M1 credits. This program is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada. This program also meets the accreditation criteria for a maximum of 23.5 Category 1 credits toward the American Medical Association Physician's Recognition Award. Each physician should claim only those credits he/she actually spent in the activity.

REGISTRATION FORM

****PLEASE ENSURE THAT YOU HAVE READ THE CANCELLATION POLICY BEFORE COMPLETING THE REGISTRATION FORM****

CONTACT DETAILS

Dr. Mr. Ms.

Last Name Given Name(s)

Institution

Address Line 1

Address Line 2

City Prov/State Postal Code

Country

Telephone (with country code) Fax (with country code)

Email

I am a fellow of the Royal College of Physicians and Surgeons of Canada

Personal Information is collected on this registration form pursuant to section 26 of the Freedom of Information and protection of Privacy Act, RSBC 1996 c. 165. This information will be used for the purposes of facilitating the conference and collecting aggregate statistics. UBC CPD publishes a participant list for the conference that includes the participant's name and city. Please check the box below if you DO NOT wish to have your information included on the participant list:

I DO NOT CONSENT to being on the participant list.

All participants who register for UBC CPD courses are included on the mailing list for future educational programs. If you DO NOT wish to have UBC CPD course brochures mailed to you, please indicate:

I DO NOT wish to be on the CPD mailing list.

For further information, please contact UBC CPD at: cme.cpd.info@ubc.ca or 1-604-875-5101.

TRAVEL INFORMATION

WCHD volunteers will be meeting and arranging shuttle transportation for most delegates arriving at the Vancouver International Airport. Please supply us with your travel information if you wish to take advantage of our complimentary shuttle service.

Arrival Date: Wednesday, September 9, 2009 Thursday, September 10, 2009

Friday, September 11, 2009 Saturday, September 12, 2009

Other—*please specify*:

I have made other transportation arrangements from the airport

Arrival Time: 7am—11am 11am—2pm

2pm—6pm 6pm—10pm

Flight Number/Airline:

Departure Date: Sunday, September 13, 2009 Monday, September 14, 2009

Tuesday, September 15, 2009 Wednesday, September 16, 2009

Other—*please specify*:

I am staying at the Westin Bayshore. Confirmation number:

I am staying at another hotel. Name of hotel:

Any additional information:

Registration continued on next page →

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Cancellations and Refunds

This course incurs significant non-refundable expenses prior to the course— please read and carefully understand our cancellation policy before submitting your registration.

The Division of Continuing Professional Development reserves the right to cancel a course thirty (30) days prior to the course date. Each registrant will be notified by telephone, followed by written notification and a full refund. The University of British Columbia is not responsible for any costs, including, but not limited to, airline or hotel penalties.

Should you need to cancel your registration, you must do so by email to cme.cpd.info@ubc.ca before **August 15, 2009**. You must then return by mail your Income Tax Receipt in order to receive a refund. Once this has been received, your registration fee, less a \$100 handling charge, will be refunded. After August 15, 2009, **no refunds** will be granted for withdrawal unless a replacement can be secured by the registrant; however, the \$100 cancellation fee will still apply.

****PLEASE ENSURE THAT YOU HAVE READ THE CANCELLATION POLICY BEFORE COMPLETING THE REGISTRATION FORM****

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CONFERENCE REGISTRATION FEES: *in Canadian dollars*
Include attendance at all sessions, 3 breakfasts, 3 lunches, refreshment breaks, course materials, and the Opening Reception on Saturday, September 12. Fees do NOT include the Aquarium Reception on Sunday, September 13 or the Gala Dinner on Monday, September 14. Tickets for the Aquarium Reception and the Gala Dinner may be purchased below.

	By May 1, 2009	By August 15, 2009	On-Site
Scientists*/ Physicians/Health Care Providers	\$399	\$425	\$450
<i>*Scientists include Faculty, Research Associates, and Research Scientists.</i>			
Family Members	\$199	\$215	\$230
Students/Trainees/ Technicians* <i>*Proof of status required</i>	\$199	\$215	\$230
Industry Representatives:	\$599	\$625	\$650

CONFERENCE SOCIAL EVENTS: *all prices include tax*

Guest Opening Reception Tickets: _____ Ticket(s) @ \$25 each
Aquarium Reception Tickets (delegates & guests) _____ Ticket(s) @ \$25 each
Gala Dinner Tickets (delegates & guests): _____ Ticket(s) @ \$60 each

I have dietary/allergy considerations *please list them here:*

MOBILITY/IMPAIRMENT INFORMATION

The WCHD is committed to accommodating people of all abilities at the 2009 conference. Please indicate below if you have any mobility or impairment issues that the organizing committee should be aware of, and we will strive to accommodate your needs.

I have mobility or impairment issues that the conference should be aware of.

If you have checked the box above, the Conference Secretariat will contact you to discuss your individual requirements.

PAYMENT INFORMATION

\$ TOTAL AMOUNT ENCLOSED (PRICES ARE IN CANADIAN DOLLARS)



Cheque/Money Order
(must be included with registration form and be in Canadian funds)

Credit Card Number

Expiry Date

Name of Cardholder