

Facial Plastic and Reconstructive Surgery 2017

October 14th, 2017

Chestnut Residence & Conference Centre

Presented by the Canadian Academy of Facial Plastic and Reconstructive Surgery

REGISTRATION FORM

Dr. _____
Last Name First Name

Address: _____

City

Province

Postal Code

Tel: _____ Fax: _____

Email: _____

Admission *(please check off box)*

- \$150 Non-Member \$75 Resident
 \$125 Non-Member Early Bird \$75 CAFPRS Member

Register before Sept. 15th, 2017

Registration will not be confirmed until Fee is received. Registration Deadline is September 29th, 2017

Payment Method *(Please check of box and print clearly)*

- MasterCard VISA

Card Holder: _____

Card Number: _____ Exp.: _____

Signature: _____ Amount: _____

Fax Completed Registration Form to: **905-569-6960**

(Please do not mail this Registration Form if it has been faxed)

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- Cheque Money Order

Amount: _____ Payable to **C.A.F.P.R.S.**

Please mail Completed Registration Form with cheque to:

2996 Windjammer Road, Mississauga, ON L5L 1S7

For Further Information, please contact:

C.A.F.P.R.S. At 905-569-6965 or
visit our web site at www.cafprs.com

***Space is Limited
Register Early to Avoid Disappointment***