



# QUALITY EVIDENCE IN SUPPORT OF BARIATRIC CARE

SEPTEMBER 16-17, 2016

SHERATON TORONTO AIRPORT HOTEL AND CONFERENCE CENTRE  
801 DIXON ROAD | TORONTO, ONTARIO | M9W 1J5

3rd Annual Conference  
In Conjunction With  
OBN & CMAS



L'ASSOCIATION CANADIENNE  
des MEDECINS et CHIRURGIENS BARIATRIQUES

The CANADIAN ASSOCIATION of  
BARIATRIC PHYSICIANS and SURGEONS



## REGISTRATION FORM

You can register in  
one of three ways:

**1 Online** via  
<http://cabps.ca/Conference2016/register/index.php>

**2 Fax:**  
(1-905) 521-6194

**3 Mail:** CMAS, Attention: Education Co-ordinator  
50 Charlton Avenue East, Room T2141, Hamilton, ON L8N 4A6

Contact Information: (as it will appear on your name badge)  Dr.  Mr.  Ms.  Mrs.  Other \_\_\_\_\_

Profession (please check one):  MD  PhD  RD  RN  Pharm  Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal Code/Zip Code: \_\_\_\_\_

Phone: (please include area code): \_\_\_\_\_ Fax: (please include area code): \_\_\_\_\_

Email: \_\_\_\_\_

(Please enter valid email address as this is required to send Receipt and Confirmation Notice.)

### Registration Fee

	Early Bird August 22, 2016	Onsite Registration: After August 22, 2016
	Includes President's Banquet	Includes President's Banquet
Physician (Active)	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$375.00
Physician (Associate)/Resident/Fellow/Allied Health	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$325.00
Family Doctors	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$325.00
<b>TOTAL \$</b>		

### Lunch Session

Friday, September 16, 2016

I will attend

I will not attend

[Pre-registration required:  
Ticketed event]

### President's Banquet

Friday, September 16th evening

I will attend

I will not attend

**NB: Full Conference includes one (1) year membership in CABPS effective July 1, 2016.**

Annual General Meeting of CABPS Members - Saturday, September 17, 2016 (Breakfast included.)  I will attend  I will not attend

Tell us if you have Dietary Concerns: \_\_\_\_\_

### Included in Conference Registration:

- 2 Breakfasts, 3 Breaks and 1 Lunch
- Conference materials
- Access to presentations online
- Access to members only area of CABPS website
- President's Banquet
- Lunch Symposium
- Invitations to other sponsored events
- CABPS e-newsletter

### Privacy Policy

Please sign below if you DO NOT wish to have your contact information as provided above included in the Conference Delegate roster. Otherwise your full name, address, phone, fax and email will be printed in a format to be presented to all registered delegates attending the CABPS Annual Conference to be held September 16-17, 2016. This information will not be used for any other purpose by OBN, CABPS or CMAS.

Signature \_\_\_\_\_

### Photo Policy

In registering for the Conference, you acknowledge that photos or images of you may be taken during the course of the event. You further acknowledge that these photos may be used for promotion of this and future events and may appear on the CABPS website. They will be used solely for the purpose of CABPS.

### Registration & Cancellation Policies

1. Your registration will not be processed until full payment is received.
2. Notice of cancellation must be made in writing. A \$100 cancellation fee will apply for registrations cancelled up to **August 22, 2016**. After **August 22, 2016** no refunds will be issued, substitutions only. All substitutions MUST be made in writing.
3. Confirmation notice of your registration and receipt will be sent to you upon registering online. If you register by mail or fax a confirmation notice will be sent to you within 10 business days of full payment. If you do not receive your confirmation within this time frame, please contact the Event Registrar, Magda Gillies, at (1-905) 522-1155 ext 35144.
4. Registration forms received by fax or mailed, receipts will be emailed if received by **August 22, 2016**. Receipts for registrations received after this date will be given to you in your delegate package at the meeting.
5. Advance registrations will be accepted up to **August 22, 2016**.

### Payment:

Please mail directly to CMAS - address stated above. Remember to include the completed form and payment. Thank you.

Cheque or money order enclosed payable to: **St. Joseph's Healthcare Hamilton**

Please charge my credit card  Visa  MasterCard

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Print Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

By signing, I authorize the use of my credit card. Please note: all credit card charges will appear under the name of **CMAS**.