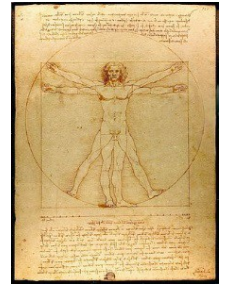


**UNIVERSITY OF CALGARY**  
CUMMING SCHOOL OF MEDICINE



# History of Medicine Days Conference 2020

## 29<sup>th</sup> Annual Conference

### Registration Form

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

Apt: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ P/C: \_\_\_\_\_

Tel No: \_\_\_\_\_ eMail: \_\_\_\_\_

I am currently in my \_\_\_\_\_ year of undergraduate or postgraduate studies at the  
University/College of: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Faculty, program, etc.: \_\_\_\_\_

Presentation Preference: Oral      Poster

If you are a University of Calgary student, what is your UCID? \_\_\_\_\_

Complete papers can be submitted for review after the conference for potential Proceedings  
Volume publication – dependent upon the acceptance of the presentation/poster abstracts.

**ALL PRESENTERS: The U of C will provide all your meals for Friday and Saturday. Please help us to ensure there is “no waste” and confirm your attendance by indicating Yes or No**

Friday, March 20 <sup>th</sup> :	Meal Planner	
Breakfast .....	Yes	No
Lunch .....	Yes	No
Dinner (Hot Buffet) .....	Yes	No

Saturday, March 21 <sup>st</sup> :		
Breakfast .....	Yes	No
Lunch .....	Yes	No

You may bring a guest – no charge. Name of guest: \_\_\_\_\_

Dinner (Awards Banquet) .....	Yes	No
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You may bring a guest - cost per guest - \$45.00\* Name of guest: \_\_\_\_\_

**Do you have any Dietary Concerns?** \_\_\_\_\_

**Does your guest have any Dietary Concerns?** \_\_\_\_\_

\*Please make cheque payable (for your banquet guest) to the **University of Calgary**

**Electronically filled** registration forms to be returned by **Jan 10, 2020** to:

Donna Weich, Conference Coordinator, History of Medicine Days 2020

Email: [HMD@ucalgary.ca](mailto:HMD@ucalgary.ca) Phone: 403-220-2481