43rd BIANNUAL CONGRESS

ENRICHING EXPERIENCE FOR A BETTER FUTURE

APRIL 28-29, 2018 — Metropolitan Hotel, Vancouver, CANADA

INFORMATIONS

CME CREDIT

Requested from the College of Family Physicians of Canada and the British Columbia Chapter.

ORGANIZATION

CANADIAN SOCIETY OF PHLEBOLOGY
207-250 Ch. de la Pointe-Sud, Verdun QC, Canada H3E 0A8
Phone: 514-990-8346 Fax: 450-653-2534
Email: phlebology@compu-texte.ca Website: www.canadiansocietyofphlebology.org

LOCATION

The Metropolitan Hotel Vancouver
645 Howe Street, Vancouver, BC, Canada V6C 2Y9

FELLOWSHIP PROGRAM

The 2-day meeting attendance is mandatory toward credits for fellowship program and maintenance.

HOTEL RESERVATION

Rates:
The following special rates in Canadian funds are available to our group and subject to 11% Provincial Hotel Sales Tax, 5% GST.

Deluxe Room: $179.00 Luxury King: $199.00 Junior Suite: $299.00

Reservations should be made directly on an individual basis to:

Metropolitan Hotel Vancouver
645 Howe Street, Vancouver, BC, Canada V6C 2Y9

In order to facilitate reservations, you may contact the hotel directly at:

Metropolitan Hotel: 604-687-1122 Toll free: 800-667-2300
Email: reservations@van.metropolitan.com

Please ensure to specify the group affiliation of **"Canadian Society of Phlebology"** when making reservations. At the time of booking, the reservation must be guaranteed by providing a credit card for the first night room and tax.

All reservations must be made by **March 27, 2018.** At this time, all rooms not utilized will be returned to the hotel's general inventory. The hotel will continue to accept reservations from attendees, however, after this date rooms will be subject to availability at prevailing rates.

Société canadienne de Phlébologie

Canadian Society of Phlebology

43rd BIANNUAL CONGRESS
ENRICHING EXPERIENCE FOR A BETTER FUTURE

VANCOUVER, BC, CANADA, APRIL 28-29, 2018

REGISTRATION FORM

_____

Last Name *First Name*

_____

Specialty

_____

Address (office)

_____

City *State*

_____

Postal Code/Zip *Country*

_____

Phone (office) *Fax* *E-mail*

Saturday – Sunday, April 28-29, 2018 **Fellowship program and maintenance**

	Paid before February 28, 2018		***Paid between February 28-April 28, 2018***	
	Member	***Non Member***	***Member***	***Non Member***
Physician	☐ 2 100	☐ 2 485	☐ 2 300	☐ 2 685
Speaker / RN / Resident / Allied Health Professional	☐ 1 200	☐ 1 585	☐ 1 400	☐ 1 785

Saturday Dinner – Blue Water Cafe ☐ Yes _____ (number of persons) X $125.00

☐ No

Payment by cheque should accompany registration
We do not accept credit cards

w2

Return this completed form with payment to:
Canadian Society of Phlebology
207-250 Ch. de la Pointe-Sud, Verdun QC, Canada H3E 0A8
Phone: 514-990-8346 Fax: 450-653-2534
Email: phlebology@compu-texte.ca

Course location:
The Metropolitan Hotel Vancouver
645 Howe Street, Vancouver, BC, Canada V6C 2Y9
Email: reservations@van.metropolitan.com

Société canadienne de Phlébologie
Canadian Society of Phlebology

DEMANDE D'ADHÉSION / RENOUVELLEMENT 2018
APPLICATION FOR MEMBERSHIP / RENEWAL

Nom / Name _____
Nom / Last — Prénom / First — Init. / Middle

Adresse bureau / Office address _____
Rue / Street — Suite

_____
Ville / City — Province / State — Code postal code / Zip

☎ Bureau / Office ( ) _____ Fax ( ) _____ Cell ( ) _____

✉ Email _____
(requis pour accéder à la section Accès aux membres du site web de la SCP / required for access to Member Login on the CSP website)

Site web / Website _____
(***OPTIONNEL*** *avec frais : l'hyperlien de ce site peut être ajouté sur le site web de la SCP /* ***OPTIONAL*** *with fees : the hyperlink of this site could be added on the CSP website)*

Catégorie de membre / Member category
☐ Médecin / Physician
☐ Infirmière / Nurse
☐ Professionnel de la santé affilié / Allied Health Professional
☐ Étudiant / Student

Diplômes médicaux / Medical Degrees _____

Spécialité / Specialty _____

Nombre d'années d'expérience en phlébologie / Number of years of experience in phlebology _____ an(s) / year(s)

Type de pratique phlébologique / Type of practice in phlebology _____
Chirurgie / Surgery; Laboratoire / Non invasive test; Sclérothérapie / Sclerotherapy; Tests invasifs / Invasive testing

INFORMATIONS SUR LE PAIEMENT / PAYMENT INFORMATION

☐ Frais annuels d'adhésion ou de renouvellement / Annual fees for membership or renewal — 385.00 $

☐ Frais annuels d'adhésion ou de renouvellement pour infirmière, professionnel affilié et étudiant* / Annual fees for membership or renewal for nurse, allied professional and student* — 285.00 $
** Une preuve peut être exigée / Proof may be required*

☐ Frais annuels de publicité pour l'hyperlien du site web du membre sur le site de la SCP *(optionnel)* / Annual fees for the publicity of the hyperlink of the member's website on the CSP site *(optional)* — 150.00 $

☐ Contribution pour le développement de la Société canadienne de phlébologie / Contribution for the development of the Canadian Society of Phlebology
☐ 250.00 $
☐ 500.00 $
☐ 1,000.00 $
Autre contribution / Other contribution ☐ _____ $

Montant total *(dû le 1er janvier)* / **Total amount** *(due on January 1st)* **$** _____
(un reçu sera émis pour fins d'impôts / a receipt will be issued for income tax purposes)

Faire le chèque payable à la **Société canadienne de phlébologie** et l'envoyer avec le formulaire à :
Make the cheque payable to the **Canadian Society of Phlebology** and send with the form to the following address:

207-250 Ch. de la Pointe-Sud, Verdun QC, Canada H3E 0A8

Tel : 514-990-8346 / Fax : 450-653-2534 **Email : phlebology@compu-texte.ca**

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