

## 44TH BIANNUAL NATIONAL CONGRESS

## MONTREAL, QUEBEC, CANADA - NOVEMBER 1-2-3, 2019

## **REGISTRATION FORM**

it Name		First Name		
Specialty				
Address (office)				
City	State			
Postal Code/Zip	Country			
Phone (office)	Fax E-n		pail	
How many years of experience do you ha	ave in phlebology?			
	Paid before Oct	tober 2, 2019	er 2, 2019 Paid after October 2, 2019	
	Member	Non Member	Member	Non Member
ONLY Friday November 1 <sup>st</sup>				
Physician	□ 1 500	□ 1885	□ 1700	□ 2 085
Speaker / RN / Resident / Allied Health Professional	□ 1 000	☐ 1 385	□ 1200	☐ 1 585
ONLY Saturday and Sunday – 44 <sup>th</sup>	Biannual National C	Congress		
Physician	2 100	□ 2 485	□ 2300	□ 2 685
Speaker / RN / Resident / Allied Health Professional	□ 1500	□ 1885	□ 1700	□ 2 085
FOR COMPLETE PROGRAM Friday – Saturday – Sunday November 1-2-3				
Physician	□ 2800	□ 3 185	□ 3 000	□ 3 385
Speaker / RN / Resident / Allied Health Professional	□ 1800	2 185	□ 2000	□ 2385
Saturday Dinner Le Muscadin	☐ Yes	(number of persons) X	\$125	□ No
Cancellation polic	y: Non refundable – appli	nccompany registration cable to the spring 2020 re cept credit cards	gistration meeting only	

Return this completed form with payment to: Canadian Society of Phlebology 90 Lansdowne, St-Bruno, QC J3V 0B3 Phone: 514-990-8346 Fax: 450-653-2534 Email: phlebology@compu-texte.ca

Course location: **DELTA MONTREAL** 

475 President Kennedy Ave., Montréal, QC H3A 1J7

Phone: 514-286-1986

**Book your group rate for Canadian Society of Phlebology**