



64TH ANNUAL SPRING MEETING

May 5-7, 2011

Tigh-Na-Mara Resort, Parksville, BC

FAX form to: **604.638.2938**

For information:

MAIL to: Diane Wong
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Vancouver BC V6J 5A4

604.638.2843
dwong@bcma.bc.ca

<<NB Please check mark your attendance where applicable below>>

	Surgeon before April 5 '11	Surgeon after April 5 '11	Surgeon Retired/Hon. Fellow	Resident	Spouse/ Guest	Child age 12+	Child age 6-11	Child under 5
Registration Fee	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$375.00	No Charge	No Charge	N/A	N/A	N/A	N/A
Friday Breakfast	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	No charge <input type="checkbox"/> <i>Will attend</i>
Friday Afternoon Resident's Meeting	N/A	N/A	N/A	<input type="checkbox"/> <i>Will attend</i>	N/A	N/A	N/A	N/A
Saturday Breakfast	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	No charge <input type="checkbox"/> <i>Will attend</i>
Saturday Afternoon Cheese/Wine Tour	No Charge <input type="checkbox"/> <i>Will attend</i>	No Charge <input type="checkbox"/> <i>Will attend</i>	No Charge <input type="checkbox"/> <i>Will attend</i>	No Charge <input type="checkbox"/> <i>Will attend</i>	No Charge <input type="checkbox"/> <i>Will attend</i>	No Charge <input type="checkbox"/> <i>Will attend</i>	No Charge <input type="checkbox"/> <i>Will attend</i>	No Charge <input type="checkbox"/> <i>Will attend</i>
Saturday Section Meeting/Lunch	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	N/A	N/A	N/A	N/A
Saturday Banquet	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	Included <input type="checkbox"/> <i>Will attend</i>	<input type="checkbox"/> \$65.00	N/A	N/A	N/A
Total Cost per Person	\$	\$	\$	\$	\$	\$	\$	TOTAL AMOUNT =

PLEASE COMPLETE (PRINT)

Surgeon/Resident Name:

Spouse/Guest Name:

Address:

Email:

of Children: ___ 12+ ___ 6-11 ___ under 5

Special Dietary Needs:

Check
Payable to: BCSS

VISA or
MasterCard

□ □ □ □ - □ □ □ □ - □ □ □ □

Exp: □ □ / □ □

Pin #: □ □ □