

Registration Form

BRCA: From the Personal to the Population

May 8-11, 2018

Centre Mont-Royal, 2200 Mansfield Street, Montréal

Please fax or mail your completed form, along with your payment, to:

BRCA Symposium Secretariat

c/o O'Donoghue & Associates Event Management Ltd.

75 chemin Mountain, Mansonville, Québec, Canada J0E 1X0

Tel: +1 450-292-3456, ext. 227 • Fax: +1 450-292-3453

Email: registration@brcasymposium.ca • Web site: www.brcasymposium.ca

Please use one form per registrant

A. Identification (Please type or print legibly)

Prefix (Please circle one): Prof. • Dr. • Mr. • Ms • Mrs. • Other.....

Last Name..... First Name.....

Title/Position.....

Department/Division.....

Organization.....

Address.....

City..... Province / State.....

Country..... Postal / Zip Code.....

Telephone (.....)..... Fax (.....).....

Email.....

Resident MD Nurse Genetic Counsellor Other.....

Medical Specialty: MD (in year).....

Please check here if you **do not** want your email address to appear on the list of participants which may be distributed to participants.

B. Special Needs

Please indicate any special needs you may have (e.g. dietary, wheelchair access, etc.)

.....
.....
.....



Registration Form (cont'd)

C. Symposium Registration *Please check one only:*

FULL SYMPOSIUM	Before	After	After	\$ TOTAL
	Jan. 31, 2018	Jan. 31, 2018	April 20, 2018	
Physician, Corporate Rep.	<input type="checkbox"/> \$700	<input type="checkbox"/> \$820	<input type="checkbox"/> \$980	\$
Genetic Counsellor / Nurse	<input type="checkbox"/> \$535	<input type="checkbox"/> \$630	<input type="checkbox"/> \$760	\$
Post Doc./ Resident ¹	<input type="checkbox"/> \$510	<input type="checkbox"/> \$605	<input type="checkbox"/> \$720	\$
Student ²	<input type="checkbox"/> \$380	<input type="checkbox"/> \$445	<input type="checkbox"/> \$535	\$
INDIVIDUAL DAYS	Before	After	After	\$ TOTAL
	Jan. 31, 2018	Jan. 31, 2018	April 20, 2018	
Physician, Corporate Rep.	<input type="checkbox"/> \$415	<input type="checkbox"/> \$440	<input type="checkbox"/> \$475	\$
Genetic Counsellor / Nurse	<input type="checkbox"/> \$310	<input type="checkbox"/> \$335	<input type="checkbox"/> \$365	\$
Post Doc./ Resident ¹	<input type="checkbox"/> \$300	<input type="checkbox"/> \$335	<input type="checkbox"/> \$365	\$
Student ²	<input type="checkbox"/> \$225	<input type="checkbox"/> \$245	<input type="checkbox"/> \$265	\$
<input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday				
TOTAL REGISTRATION FEES:				\$

The Full Symposium registration fees include access to sessions, continental breakfast each day, buffet lunch (May 9-10), coffee breaks, and the Symposium documentation.

¹ Please provide proof of Post Doc / Resident status, i.e. letter from your programme director.

² Please provide proof of full-time student status, i.e. copy of current student card or letter from your programme director.

D. Method of Payment (in Canadian funds)

Paying by: Cheque (payable to O'Donoghue & Associates Event Management re: BRCA)
 MasterCard VISA AMEX

Credit Card #

Expiry Date

Name on Credit Card

I hereby authorize **O'Donoghue & Associates Event Management Ltd.** to debit my credit card for the amount indicated above in "TOTAL REGISTRATION FEES" and I acknowledge having read the cancellation policy on page 14.

Signature of cardholder

Date

E. Special Interest Group (SIG) Preferences (Thursday, May 10, 2018)

Please rank the SIGs in order of your preference (1-4).

You will be assigned to one SIG on a first come-first served basis.

- Moderate Risk Genes: Risks, counselling and outcomes
- Next Generation Tumor Sequencing: beyond tumor genotyping
- Surgery for HBOC and its aftermath
- Next Generation Genetic Counseling - Tools for Challenging Psychosocial Cases

