



**British
Columbia
Podiatric
Medical
Association**

Registration Form

Dr. Norm Mathews Golf Tournament

Thursday, October 3rd, 2019

Fraserview Golf Course | Vancouver, BC

Please complete the form below and return to register for the BCPMA Golf Tournament on Thursday, October 3rd, 2019. Please ensure to complete all applicable fields and return the form by email to info@bcpodiatrists.ca or by fax to 604.682.2766.

CONTACT INFORMATION	
Name	Surname
Credentials	City, Province/State
Telephone	Email
GOLF TOURNAMENT AND DINNER FEES	
Category	Fees
<input type="checkbox"/> Golf Tournament & Dinner <i>(Includes golf, beer/cooler & sandwich/hotdog at 10th hole, & dinner)</i> (Price includes a golf cart)	\$ 182.50
<input type="checkbox"/> Golf Tournament ONLY <i>(Includes golf & beer/cooler & sandwich/hotdog at 10th hole)</i> (Price includes a golf cart)	\$ 130.00
<input type="checkbox"/> Dinner ONLY tickets at River Rock Casino Resort	\$ 50.00
PLAYER SKILL LEVEL	
Handicap _____	
CALCULATION OF FEES	
No. of Tournament & Dinner tickets _____ \$ _____.	Subtotal of fees \$ _____.
No. of Tournament ONLY tickets _____ \$ _____.	GST @ 5% (80711 4871 RT 0001) \$ _____.
No. of Dinner ONLY tickets _____ \$ _____.	TOTAL \$ _____.
GOLF VENUE	DINNER VENUE
Fraserview Golf Course 7800 Vivian Dr, Vancouver, BC V5S 2E6 Telephone: 1.604.257.6921	River Rock Casino Resort 8811 River Road, Richmond, BC V6X 3P8 Toll Free: 1.866.748.3718 Telephone: 604.247.8900
PAYMENT	
Send a cheque made payable to "BCPMA" to the mailing address listed below. Please ensure to include a copy of this invoice with payment. Or complete the following to pay by credit card and send to fax 604.682.2766	
Name on Card _____ Signature _____	
() Visa () MasterCard <i>Credit Card charges will appear as "CongressWorld" on your statement and converted to your currency.</i>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Security Code _____ Expiry Date _____ / _____	
<i>We look forward to seeing you on the course!</i>	