

**ASSISTANTS REGISTRATION FORM**

**CONTACT INFORMATION:** please **PRINT** clearly

Please complete the form below to register for the 2019 BCPMA Assistants Program. Please ensure to complete all fields that are required (\*). Any questions, please contact 604.985.3338 or email [info@bcpodiatrists.ca](mailto:info@bcpodiatrists.ca)

*Name	Practice/Clinic Name
*Address	City, Province/State, Postal/Zip
*Telephone	Fax
*Email	Website

- YES, please list my contact information on the conference participant list
- NO, please DO NOT list my contact information on the conference participant list

**REGISTRATION FEE**

The Assistants registration fee includes assistant program, access to exhibitors, one lunch, refreshment breaks & reception.

Category	Fee	Subtotal of fees	\$ _____ . _____
<input type="checkbox"/> BCPMA Assistants Program	\$ 199.00	<b>GST @ 5% (80711 4871 RT 0001)</b>	\$ _____ . _____
		<b>TOTAL</b>	\$ _____ . _____

**VENUE**

**River Rock Casino Resort**

8811 River Road, Richmond, BC V6X 3P8  
Toll Free: 1.866.748.3718

**CANCELLATION POLICY**

Refunds of the fees paid, less a **\$35.00 CAD** administration fee, will be granted if you decide to cancel your registration. All cancellations must be received in writing at the BCPMA office one month prior to the start date of the 2019 BCPMA Assistants program. No refunds will be granted if postmarked after **Wednesday, September 4th, 2019** or for non-attendance at the seminar.

**\*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 Credit Card charges will appear as "CongressWorld" on your statement and converted to your currency.

Security Code \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_