

REGISTRATION APPLICATION: ME7890
ANNUAL SPRING DERMATOLOGY
REVIEW 1999 FOR FAMILY PHYSICIANS
March 13 & 14, 1999

TUITION:	Before Feb.12/99	After Feb.12/99	On-site
Physicians	\$359	\$379	\$399
UBC Faculty	\$219	\$239	\$249
UBC Residents	\$89	\$89	\$89

(Includes refreshments, two lunches, course materials & web modules)

To ensure course materials are ready for you at the course, your registration **must be received by 4:00 p.m., March 4, 1999**. Registrations not received by this point will be charged the on-site rate.

NOTE: Payment must accompany registration form in order to be processed.

Name: _____

Mailing Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Daytime Telephone: _____

Fax Number: _____

Employer/Hospital Affiliation: _____

METHOD OF PAYMENT

Charge by Phone/Fax/Email:

Local/Outside BC: 604-822-2626;

Toll free within BC: 1-800-663-0348;

Register by Fax: 604-822-4835;

Register by Email: reg@cehs.ubc.ca (If registering by email, please remember to include *all information* requested on this form including concurrent session choices.)

_____ Visa MasterCard
Credit Card _____ Expiry Date

Name of Cardholder

Payment by Cheque:

Please make your cheque payable to the University of British Columbia and forward to the following address:

Registration, Continuing Education in the Health Sciences

The University of British Columbia

Room 105 - 2194 Health Sciences Mall

Vancouver, BC, Canada V6T 1Z3