



14th Conference on Health Care of the Chinese in North America
“Emerging Health Issues Among North American Chinese”

September 27-28, 2008 Toronto, Canada



REGISTRATION FORM

Last Name First Name Title (Dr./Mr./Mrs./Ms.)

Address

City Province/State Postal/Zip Code

Phone No. Email

Specialty Affiliation

Membership CCMS FCCP
 FCMS _____
(Name of Member Organization)
 Others (please specify) _____

Registration is required for those interested in attending the following interactive workshops on September 27, 2008:

September 27, 2008 – Saturday afternoon session

1:30 – 3:15 p.m. Geriatric Care Workshops (please choose one of the following)

- Geriatric Care I – Driving and Dementia
 Geriatric Care II – Preventing Falls in Your Older Patients

Pre-registration is not required for any of the symposium sessions.

September 28, 2008 – Sunday Satellite Luncheon Symposium on Asthma

12:05 – 2:00 p.m. Luncheon Session (please indicate if you plan to attend)

Luncheon Symposium on Asthma Yes No



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Registration Fee

Please check one of the following registration fees:

- | | | |
|--------------------------|-----------------------------------|-------|
| <input type="checkbox"/> | CCMS or FCMS Members | \$250 |
| <input type="checkbox"/> | Non-CCMS or Non-FCMS Physicians | \$300 |
| <input type="checkbox"/> | Other Allied Health Professionals | \$150 |
| <input type="checkbox"/> | Full Time Students | \$45 |

Name of University / Institute

Name of Program / Course

Registration fees are in CAD or USD. The fees include refreshments and lunches for both days.

Social Event – Gala Dinner

Gala Dinner on September 27, 2008 (Saturday) at the Marriott Toronto Downtown Eaton Centre Hotel, 525 Bay Street, Toronto, Ontario M5G 2L2.

Ticket: \$128 CAD or USD per person

No. of Tickets: _____ x \$128 = \$_____ (total dinner cost)

TOTAL FEE FOR THE CONFERENCE: \$_____ (registration & dinner)

Payment Method

Please make cheque or money order payable to *The Chinese Canadian Medical Society of Ontario*. Please submit completed registration form together with full payment to:

FCMS 2008 Conference
c/o Dr. Kenneth Fung
Toronto Western Hospital
399 Bathurst St. 9 East Wing
Toronto, Ontario M5T 2S8 CANADA