

REGISTRATION FORM

MOTHERISK UPDATE 2010

WEDNESDAY, MAY 19, 2010

HOSPITAL FOR SICK CHILDREN, TORONTO, ONTARIO

Print and complete this form and return to address/fax below with payment.

REGISTRATION DEADLINE: MAY 5, 2010

Name:

Title/Position:

Organization:

Address

City

Province/State

Postal Code

Telephone:

Fax:

E-mail:

REGISTRATION FEES:

Register early - space is limited! Conference registration includes lunch.

Early Bird Registration (**before** March 31, 2010) \$127.00 CDN

Regular Registration (**after** March 31, 2010) \$154.00 CDN

Payment is due upon registration. FEES ARE NON-REFUNDABLE.

METHOD OF PAYMENT: (Registration with credit card payment may be **faxed to (416) 813-7904**).

Cheque enclosed

VISA

MASTERCARD

Name of VISA or MASTERCARD holder:

Card number:

Expiry date:

Signature: _____ Date:

Registration deadline is Wednesday, May 5, 2010. If paying by cheque, please make your cheque payable to the "Hospital for Sick Children" and mail to:

MOTHERISK PROGRAM
The Hospital for Sick Children - PHS
123 Edward Street, Suite 401
Toronto, Ontario, Canada M5G 1E2
Tel: (416) 813-8084 Fax: (416) 813-7904