

Registration

Name: _____ Email: _____

Address: _____

City: _____ Postal Code _____ Phone #: _____

Role: _____ Organization: _____

Registration Fees (please check)

Thursday Evening Only \$25.00 (Reception included)
(October 2nd) _____

Thursday Evening/Friday Day \$50.00 (Reception/Lunch/Breaks included)
(October 2nd & 3rd) _____

Friday Day Only \$45.00 (Lunch/Breaks included)
(October 3rd) _____

Total payable: _____

Please mail cheque payable to: Reproductive Care Program of NS
Suite 700, 5991 Spring Garden Road
Halifax, NS, B3H 1Y6

Payment by Credit Card please provide the following information

Name on Credit Card _____

ADDRESS (if different then above) _____

City: _____ POSTAL CODE: _____

TYPE OF CARD: ___ VISA ___ MASTERCARD

CARD NUMBER:

Expiry Date (MM/YY)

Credit card information may be mailed to address above or emailed to

Marilyn Muise marilyn.muise@iwk.nshealth.ca

For additional information please call our office number at 902-470-6798 or email

Marilyn.muise@iwk.nshealth.ca

Hotel Information

A bedroom block has been booked at the Atlantica Hotel on the Atlantica Gold Floor (these room are newly-renovated, located on higher floors and feature additional amenities and in room fridges). **Rate is \$135.00 per room/night for single or double occupancy. Parking is available free of charge. Atlantica Executive Floor is available at cost of \$160.00 per night and includes full hot breakfast, free Canada wide long distance plus upgraded amenities). Wi-Fi Internet is complimentary and available in all guestrooms. Room block is under the name of Reproductive Care Program of NS call 902-423-1161 to book.**