

Primary Health Care Research Day
Thursday, June 4, 2014 | 8:00am-3:30pm
Atlantica Hotel Halifax

Registration Form

Please return completed registration form to Nicole McQuinn by email (n.mcquinn@dal.ca) by May 8th, 2015.

Name: _____
Title/Organization: _____
Email Address: _____ Phone Number _____

REGISTRATION:

____ Delegate - \$100

____ Student - \$35

Dietary Concerns (ex. nuts, dairy, vegetarian, vegan, gluten): _____

METHOD OF PAYMENT (confirmation of payment/receipt will be provided)

____ Cheque (*payable to the Dalhousie Department of Family Medicine*)
____ Cash
____ Invoice required (see below)

Address invoice to:

Name: _____
Title/Organization: _____
Address: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

____ Payment by mail.
____ Payment will be provided day of the event.

POSTER PRESENTATION (if applicable)

____ I have attached an abstract for review.
____ I will be forwarding an abstract for review.

Presented by: Collaborative Research in Primary Health Care (CoR-PHC)
<http://dal.ca/cor-phc>

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