



## REGISTRATION FORM

[PLEASE PRINT CLEARLY]

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
No. Street City/Town Postal Code

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

### REGISTRATION FEE – Please check the appropriate box

- H.A.M. MEMBERS – NO CHARGE
- NON-MEMBERS - \$125.00
- NON-MEMBERS + H.A.M. MEMBERSHIP FEE (first year only) - \$135.00
- NURSE PRACTITIONERS - \$100.00
- NURSES - \$100.00
- PHYSICIAN ASSISTANTS - \$100.00
- PHARMACISTS - \$100.00
- OTHER ALLIED HEALTH PERSONNEL - \$100.00
- RESIDENTS - \$50.00
- NURSING STUDENTS & PHYSICIAN ASSISTANT STUDENTS - \$50.00
- MEDICAL STUDENTS – \$50.00

### PAYMENT – Please select method of payment

- H.A.M. MEMBER - NO CHARGE
- CREDIT CARD  Visa  Mastercard  
CARD No. \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_ CCV \_\_\_\_\_
- Cheque payable to “*The Hamilton Academy of Medicine*”
- Online payment visit [www.hamiltondoctors.ca](http://www.hamiltondoctors.ca).
- I require child care services for \_\_\_\_\_ children, age(s) \_\_\_\_\_

Return registration form and payment to:

"The Hamilton Academy of Medicine"  
1 Young Street, Suite 206 • Hamilton, ON L8N 1T8 • Fax: (905)528-7173

**\*\*\$50.00 Admin fee for all cancellations less than 24 hours prior to event\*\***

**\*\*All credit card payments will be processed by deadline\*\***