12th Annual Halifax
Otolaryngology – Head & Neck Surgery Review Course

REGISTRATION FORM

Name: _____ _____ PGY Year:_____
Last First

Mailing Address:_____

City: _____ Province/State:_____

Postal/Zip Code:_____ Email:_____

Home Phone: _____ Work Phone: _____

University: _____

Please **print** your name as you would like to see it appear on your Certificate of Attendance:

_____

Course Title	**Date**	**Cost**
Otolaryngology–Head & Neck Surgery Review Course	Jan 7-12, 2019	$1200
Register AFTER November 30, 2018		$1400
	Amount Enclosed:	

Please choose one:

□ Cheque
□ Money Order

*Make all cheques and money orders payable to: **Otolaryngology Review Course**

***Please email your completed registration form to:**
annualotoaryngologyreviewcourse@hotmail.com

Please mail your payment as well as a copy of your completed registration form to:

Annual Otolaryngology Review Course
c/o Jennifer Coish
24 Maureen Cres.
CBS, NL A1X 0G3