

Primary Health Care Research Day
Thursday, June 9, 2016 | 8:00am-3:30pm
Atlantica Hotel, Halifax

Registration Form

Please return completed registration form to Eileen Brown by email (dfmresearch@dal.ca) by **May 20th, 2016**.

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

What are your top three interests in primary health care research?

1. _____
2. _____
3. _____

REGISTRATION (HST included):

____ 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

ABSTRACT SUBMISSION

Poster and presentation abstracts can be submitted through the online form until May 13, 2016:

<http://goo.gl/forms/LJ3Wb2tOkD>

Additional information is available at www.dal.ca/sites/cor-phc/home.html