

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

**Registration Form**

Please return completed registration form to Jessica Nowlan by email (j.nowlan@dal.ca) by **May 25<sup>th</sup>, 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 25 2016:

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

Additional information is available at [www.dal.ca/sites/cor-phc/home.html](http://www.dal.ca/sites/cor-phc/home.html)