



CGS·SCG

Step 1 - IdentificationLast Name: _____ First Name: _____ Degree(s): _____ Gender: M F

Organization: _____

Mailing Address, Street or P.O. Box: _____

City & Province: _____ Postal Code: _____

Telephone: (____) _____ Bus Home Fax: (____) _____ E-mail: _____CGS Member: Yes No Membership # (if known) _____ Language of Correspondence: English French **Step 2 - Conference Registration Fees** (Please tick the appropriate box) (Includes Lunches)

	Before September 20		After September 20	
	Full	CME Only	Full	CME Only
CGS Members	<input type="checkbox"/> \$250	<input type="checkbox"/> \$125	<input type="checkbox"/> \$275	<input type="checkbox"/> \$145
CGS Member - Residents/Students (Geriatric/Care of the Elderly)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$145	<input type="checkbox"/> \$ 80
Non-Members	<input type="checkbox"/> \$300*	<input type="checkbox"/> \$175	<input type="checkbox"/> \$325	<input type="checkbox"/> \$195
Non-Members - Residents/Students (Geriatric/Care of the Elderly)	<input type="checkbox"/> \$140	<input type="checkbox"/> \$85	<input type="checkbox"/> \$160	<input type="checkbox"/> \$ 95

*includes membership for 2003

Step 3 - CGS Membership Fees (If you would like to join the CGS today and take advantage of the reduced conference fees, please complete the area below)

Membership Categories (GST exempt)

 Regular - \$50 Associate - \$25

Please check the appropriate:

 I do NOT want my name circulated on the CGS Mailing list, or I do NOT want to receive information and news broadcasts from the CGS.**Step 4 - Meals Fees*** (Taxes and Gratuities Included) (GST #106842891)

Fee Fee

CGS Annual Dinner and Symposium (CGS Members only) (Saturday) I will attend \$25.00 I will be bringing a guest \$90.00

Special dietary requests – specify: _____ (we will do our best to accommodate)

Step 5 - Summary of Fees (GST #106842891)

Step 2 Total - Registration Fees \$ _____

Step 3 Total - Membership Fees \$ _____

Step 4 Total - Meals Fees* \$ _____

(*taxes applicable to Step 4 only)

Grand Total \$ _____

Step 6 - Method of Payment Cheque Enclosed (payable to: CGS 2002 Conference Secretariat) Payment to follow Charge to VISA Charge to MasterCard

_____ Expiry Date _____

Signature: _____

Step 7 - Payment of Fees

Send completed CGS 2002 Registration Form and fee to:

Canadian Geriatrics Society Secretariat, #100-824 Meath Street, Ottawa, ON K1Z 6E8

Tel: (613) 728-9347 Fax: (613) 728-8913 E-mail: cgs-scg@cagacg.ca



Canadian Geriatrics Society
Société canadienne de gérontologie



We are pleased to acknowledge the involvement of the CIHR Institute of Aging and the Canadian Gerontological Nursing Association in 2 special symposia and a special student poster competition.