2013 MIE CONFERENCE - REGISTRATION FORM

PLEASE COMPLETE THIS FORM AND SEND BY FAX TO 001-514-398-5116 BEFORE MONDAY, JULY 22, 2013

Should you have any questions, please do not hesitate to contact Prof. Hamid Etemad at:

Tel: (514) 398-4018 Fax: (514) 398-5116 E-mail: hamid.etemad@mcgill.ca

■■PERSON	AL INFORMATI	ON (PLEASE TYPE C	OR PRINT CLEA	RLY)	
Title:	Dr.	Prof.	Mr.	Ms.	
First(Giv	ven) name:	Middle name:		Last (Family)name:	
Name fo	or badge:				
Postal a	ddress:				
Postal code:		City:		Country:	
Tel: (cou	untry code - area	a code - tel no.)	Fax: (coun	try code - area code - tel no.)	
E-mail a	ddress:				
SESSION	S				
Please sel	ect the extra ses	sions you wish to r	egister for:		
		SEMINAR		REGISTER	
Fric		riday Symposium		No Charge (Register Online)	
Closing Ses		sing Session (Mond	day)	No Charge	
<u>DIETARY</u>	NEEDS				
Please inc	licate if you have	e and special dietar	y requirement	ts:	
	T METHOD				
Card ty		A Maste	erCard	AMEX	
Card no). :	Expiry date:			
Name of card holder:			Signature of card holder:		
Date: MM / DD / YY:			Total amount: \$300.00 USD		