



**2009 Rocky Mountain / ACP
Internal Medicine Meeting
REGISTRATION FORM**



Last Name _____ First Name _____ Dr/Mr/Mrs/Ms _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Daytime Phone _____ Daytime Fax _____

Guest Name _____ Children's name(s) and ages _____

Special Dietary Requirements _____

REGISTRATION FEE + GST	On/Before Oct 19, 2009	After Oct 19, 2009	Total (includes GST)
Physician/Other Delegate	\$393.75 (incl GST)	\$498.75 (incl GST)	\$ _____
Resident	\$183.75 (incl GST)	\$236.25 (incl GST)	\$ _____
Guest/Spouse	\$183.75 (incl GST)	\$236.25 (incl GST)	\$ _____
Child 12 years and older	\$131.25 (incl GST)	\$183.75 (incl GST)	\$ _____
Total Amount Enclosed			\$ <input style="width: 150px; height: 20px;" type="text"/>

- **Note: We encourage early registration so meals and accommodation can be planned.**
- **No refunds after October 19, 2009.**
- **Registration includes admittance to meals and all events and is required for anyone over the age of 12 years.**

Method of Payment

Payment accepted by Cheque/Visa/Mastercard. Please send your completed registration form and payment to the Rocky Mountain Secretariat by **October 19, 2009**. Cheques should be made payable to: University of Calgary.

Payment by Cheque Enclosed with registration form and made payable to the University of Calgary

Payment by Visa _____
Card # _____ Exp. Date _____

Payment by Mastercard _____
Card # _____ Exp. Date _____

Signature for Credit Card Payment Date
(Note: Credit card payment will appear on your statement as a billing from the University of Calgary)



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NAME:

Thursday, November 12, 2009

Will you be attending the Reception and Dinner? YES/NO

Friday, November 13, 2009

Will you be attending the Breakfast? YES/NO

WORKSHOPS 9 -10 am, 10 -11 am, 11 am -12 noon
Using 1, 2, 3 and 4, please pick four of the following in order of preference (3 will be assigned):

- 1. Workup and Rx of Hyponatremia [D Rosenbaum]
2. Small Vessel Vasculitis [B Kassen]
3. Giving Testimony [R Berringer/R Carter]
4. Case-Based Approach to Adrenal Masses [B Corenblum]
5. In-Hospital Treatment of Diabetes [A PausJenssen/ Sharon Card]
6. Refining Clinical Diagnosis Through the Use of Likelihood Ratios [J Nishikawa]
7. Joint Aspiration [D Sholter]
8. Periop Management of Complex Pulmonary Patients [G McCauley]

Will you be attending the ACP Western Canada Chapter Meeting? YES/NO

Will you be attending the Dinner on Friday? YES/NO

Saturday, November 14, 2009

Will you be attending the Breakfast? YES/NO

WORKSHOPS 9 -10 am, 10 -11 am, 11 am -12 noon
Using 1, 2, 3 and 4, please pick four of the following in order of preference (3 will be assigned):

- 1. Hepatitis B: Pathophysiology and Treatment [S Wong]
2. Nutritional Support in the Hospitalized Patient [D Duerksen]
3. Cases of Hypothermia and Frostbite [S McKee]
4. Update on Atrial Fibrillation [T Wong]
5. Dermatologic Manifestations of Systemic Disease [C Keeling]
6. Heart Failure in Pregnancy [G Drobot]
7. Interpretation of the Plain Chest Radiograph [K Laframboise]
8. Care of the Unresponsive Patient With a Poor Prognosis [Marie Michaud]

Will you be attending the AMA Section of Internal Medicine Meeting? YES/NO

Will you be attending the Annual Dinner/Celebrations? YES/NO

Sunday, November 15, 2009

Will you be attending Breakfast/Brunch on Sunday? YES/NO

Please Mail/Fax Completed Registration to:

Doris Herman, Faculty of Medicine
Rm 1474 Health Sciences Center
3330 Hospital Drive NW
Calgary, AB T2N 4N1

Tel: (403) 210 8772 This is a secure Fax: (403) 210 8723

Email: rmacpgim@ucalgary.ca

Website: http://www.ucalgary.ca/gim/rmc.html

Please make cheques payable to:
University of Calgary

Do you require childcare available 5 -9 PM? YES/NO
* 3 years and under - please arrange privately with hotel
Names of children and ages (Must be 4yrs-12yrs)

Indicate which evenings (includes meal and activities)
Thu Fri Sat

We are paperless at the meeting in 2009.
Program slides/handouts will not be distributed at the meeting, but can be downloaded from the website afterwards.
Your receipt for registration will be in your information package at the conference

Accommodations should be arranged directly with The Banff Park Lodge at 1-800-661-9266
Please quote conference name when booking
Conference rate is \$115.00 + taxes/night