



REGISTRATION & ACCOMMODATION FORM
NEI CONFERENCE SERIES
OPTION #3: ANNUAL NEI MEMBERSHIP

RETURN FAX TO: 514 683 2345

CONTACT DETAILS: *(please print)*

*Name: _____
Surname (PRINT) First Name (PRINT)

*Address for Correspondence: _____
Home: Office:

*City: _____ *Prov./State: _____ *Postal/Zip: _____ *Country: _____

*Tel: _____ Fax: _____ **E-Mail Address: _____

*Choose a Login Password: _____

Number of Accompanying Persons you wish to purchase a registration: _____

REGISTRATION FEE: All registration fees will be charged in American dollars.

- Full Registration (*Medical Practitioners, Dentists, Lawyers, Pharmacists): \$1170.00 USD
 Accompanying Person (must be accompanied by a full delegate): \$480.00 USD
 Support Staff/Assistants/Hygienists/Technicians/Students (proof of status required): \$680.00 USD

* Medical License #: _____ TOTAL: _____ USD

PAYMENT:

Cheque enclosed (made payable to: NATIONAL EDUCATION INSTITUTE)

Visa MasterCard American Express

Card Number: _____ Expiry: _____ Total Payment Authorized: _____

Name of Cardholder: _____ 3 digit verification #: _____ Signature: _____

*You will be unable to register or view the lectures without completing the required fields.

**Your email address will become your NEI Username for Login purposes.

Kindly forward your registration and accommodation form to fax: **514 683 2345**

NATIONAL EDUCATION INSTITUTE
The Drummond Medical Building
1414 Drummond St., Suite #817
Montreal, Quebec H3G 1W1, CANADA

Should you have any queries, please do not hesitate to contact us at tel: 514 685 6000, 1 866 685 6860
or email: info@neiconferences.com