REGISTRATION & ACCOMMODATION FORM
NEI CONFERENCE SERIES
OPTION #2: TWO WEEKS

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: _____
- If you have not already registered online, please indicate your choice of topics on a separate sheet (up to 8 courses FOR 2 WEEKS).

ACCOMMODATION: Accommodation will not be provided by the conference organizers. Please contact The Fairmont Hotels and Resorts Global Reservation Desk at Tel: (USA and Canada): 1-800-441-1414, (Europe, South America and Asia): +1 506 863 6310.

☐ I will be staying at The Fairmont Resorts and Hotels ☐ I will be staying at: _____

Hotel Name: _____ City/Country: _____

ARRIVAL DATE (to destination):_____ DEPARTURE DATE (from destination):_____

REGISTRATION FEE: **All registration fees will be charged in American dollars. Should you plan to travel within the next 48 hours, an additional $45.00 USD processing fee will be added to your registration.**

☐ **Full Registration (*Medical Practitioners, Dentists, Lawyers, Pharmacists): $655.00 USD**

☐ **Accompanying Person (must be accompanied by a full delegate): $285.00 USD**

☐ **Support Staff/Assistants/Hygienists/Technicians/Students (proof of status required): $435.00 USD**

☐ **+ Late Registration (traveling within the next 48 hours): +$45.00 USD**

☐ **ADDITIONAL WEEK: $_____ x #_____ = _____**

***Medical License #: _____** **TOTAL: _____ USD**

PAYMENT: **Cancellation may be made at anytime prior to your travel dates. A full refund less a $30.00 USD processing fee will be issued to you within 14 days of your cancellation.**

☐ 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.**
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Kindly forward your registration and accommodation from to fax: **514 683 2345**

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