



REGISTRATION & ACCOMMODATION FORM

OPT. # 4: REDUCED COURSE – SPECIAL RATE

NEI CONFERENCE SERIES

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 3 courses).

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 or Starwood Properties (www.starwoodhotels.com) to benefit from NEI's corporate rate.

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 \$20.00 USD processing fee will be added to your registration.

- Full Registration (Medical Practitioners, Dentists, Lawyers, Pharmacists): \$390.00 USD
- Accompanying Person (must be accompanied by a full delegate): \$190.00 USD
- Support Staff/Assistants/Hygienists/Technicians/Students (proof of status required): \$290.00 USD
- + Late Registration (traveling within the next 48 hours): \$20.00 USD

*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: NEI Conferences)

Visa MasterCard

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 form to fax: **514 683 2345**

Referred by:

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