



REGISTRATION FORM

MAKING GENOMICS TECHNOLOGIES UNDERSTANDABLE

Thursday 24th February 2011; 9:00 am - 3:30 pm

BC CLINICAL GENOMICS NETWORK (BCCGN)

Child and Family Research Institute, 950 West 28th Ave. Vancouver, BC Canada V5Z 4H4

Please fax completed form to Liza Mak at **604 875 3019**; Tel: **604 875 2000 ext 5626**
Alternatively you may e-mail a scanned PDF of the form to lizamak@interchange.ubc.ca

I am confirming my interest to attend this conference on Thursday 24th February 2010

Name (Please print): _____ Phone: _____
Dept/Organization: _____ Fax: _____
City: _____ E-mail: _____

Payment Details: The cost of attending is \$50 and will be charged to your credit card

Credit Card MC , Visa , Amex ; Credit Card Number _____
Other _____ ; Credit Card Expiry _____

Billing Address: _____

A limited number of travel scholarships may be available for participants from outside the Lower Mainland. Do you wish to apply for a travel award? Y N

There are a limited number of spaces available at the workshop. Please help us evaluate your attendance of this conference by telling us how you hope to benefit from it

Application Deadline 10th February 2011
Thank you for your interest.