

Canadian Society of Plastic Surgeons Société Canadienne des Chirugiens Plasticiens

EXHIBITOR REGISTRATION / INSCRIPTION DES EXPOSANTS

Company/Société					
Address					
City		State		Country	
Postal Code		Telephone		email	

Name of Representative(s) who will attend scientific program/Nom du(des) représentant(s) qui assisteront au programme scientifique:

Diamond Level = 10; Silver Level = 5; Friend of the CSPS = 1

1. <input style="width: 95%;" type="text"/>	6. <input style="width: 95%;" type="text"/>
2. <input style="width: 95%;" type="text"/>	7. <input style="width: 95%;" type="text"/>
3. <input style="width: 95%;" type="text"/>	8. <input style="width: 95%;" type="text"/>
4. <input style="width: 95%;" type="text"/>	9. <input style="width: 95%;" type="text"/>
5. <input style="width: 95%;" type="text"/>	10. <input style="width: 95%;" type="text"/>

Registration fee/Frais d'inscription:
Diamond Level : \$15,000.00
Silver Level : Cdn\$5,000.00
Friend of the CSPS : \$1,000

	TOTAL	
GST + QST = TOTAL x .14975		

GRAND TOTAL = Total + TAX	
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Cheque__ Visa__ MasterCard__

Card Number

Expires

**GST/TPS: Reg. No. R128100153
QST: Reg. No. 1019127636)**

Name SIGNATURE _____

Please make cheques payable to/Veuillez faire les chèques à l'ordre de: Canadian Society of Plastic Surgeons
and return to/et retourner à: **CSPS /SCCP, PO Box 60192 Saint-Denis, Montreal, QC. H2J 4E1 CANADA; Fax: 514-843-7005; cpsps_sccp@bellnet.ca**

IF YOU MUST CANCEL / SI VOUS DEVEZ ANNULER :

1. Registration date + 15 days	:Refund/Remboursement = 90%
2. Registration date + 15 to 45 days	:Refund/Remboursement = 50%
3. Registration date + > 45 days	:Refund/Remboursement = 0%