



National Collaborating Centre
for Methods and Tools

Centre de collaboration nationale
des méthodes et outils

Knowledge Management in Public Health:

Exploring **Culture, Content, Process and Technology**

November 3 & 4, 2008 – Sheraton Hamilton Hotel, Hamilton, Ontario

Registration Form

First Name:		Surname:	
Affiliation:		Title:	
Mailing Address:			
City:	Province/State:	Country:	Postal Code:
Telephone (Including area code):	Fax (Including area code):	Email:	

Where did you hear about this conference? (check all that apply)

- CHNAC/CHNIG, May 29 & 30, Toronto, ON
 Summer Institute, August 5 – 8, Kelowna, BC

- Campbell Colloquium, May 11 – 13, Vancouver, BC
 CPHA, June 1 – 4, Halifax, NS
 Other – please specify: _____

Please indicate if you have:

- Special needs – Please describe briefly: _____
 Dietary restrictions – Please describe briefly: _____
 Alternate diet suggestions: _____

**Will you attend the Welcome Reception,
November 3, 6 PM - 8 PM?**

- Yes No

Name and contact information to appear on participants list?

- Yes No

Session Selection

- | | | | | |
|---------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| 10:45 AM – 11:45 AM | <input type="radio"/> TAI | <input type="radio"/> TA2 | <input type="radio"/> TA3 | <input type="radio"/> TA4 |
| 12:50 PM – 1:50 PM | <input type="radio"/> TPI | <input type="radio"/> TP2 | <input type="radio"/> TP3 | |
| 2:00 PM – 3:00 PM | <input type="radio"/> TP5 | <input type="radio"/> TP6 | <input type="radio"/> TP7 | |

Registration Fees (Payment must be received at Meeting Management Services by September 19 to qualify for the early rate.)

On or before September 19	\$250.00	\$ _____
After September 19	\$350.00	\$ _____
	Plus 5% GST (#134729235)	\$ _____
<input type="radio"/> Please send me an invoice	TOTAL	\$ _____

Payment may be made by: VISA MasterCard AMEX Cheque (Payable to Meeting Management Services Inc.)

Card Number:	Expiry Date (MM/YY):
Name on Card:	Signature:

*Credit card charges will be posted to your account by Meeting Management Services Inc. **Cancellation Policy:** Cancellations made prior to September 19th will be subject to an administrative fee of \$75. After September 19th, no refunds will be issued except under extraordinary circumstances and at the discretion of the conference planning committee.*

If paying by cheque, make payable to Meeting Management Services Inc.

Please return completed registration form along with full payment to:

Knowledge Management in Public Health Conference
 c/o Meeting Management Services Inc.
 4380 South Service Road, Unit 25, Burlington, ON L7L 5Y6

Tel: 905 335 7993
 Toll-free: 1 800 625 7925
 Fax: 905 332 1587
 E-Mail: colleen@mmsonline.ca

Your registration constitutes acceptance of your personal information being used by the conference organizers for Knowledge Management in Public Health conference purposes only.

Your registration constitutes acknowledgement of willingness to appear in photographs, motion pictures and videos taken during the Knowledge Management in Public Health conference and releases the conference organizers from liability resulting for use of such photographs, motion pictures and/or videos.

- I agree with the above
 I disagree with the above (please see personnel at the registration desk)

Signature: