

# Pediatric Urology & Infertility/Andrology Elements of Urologic Microsurgery Training Course

Friday and Saturday  
September 19-20, 2008

**Registration: Please print clearly**

Name: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

## **Accommodations:**

Would you like a hotel room booked for your stay at the Delta Chelsea in Toronto?

Would you be willing to share a room with another attendee? Yes or No

Check off all nights that apply:

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Single Occupancy \_\_\_\_\_

Double Occupancy \_\_\_\_\_

## **Two Payment Options**

### **• Credit Card : (\$650.00 registration fee)**

**Please fill out and fax this form to:**

The Hospital for Sick Children

Attn: Angela McGerrigle

**Fax: 416-813-6461**

Credit Card Type and Number:

VISA \_\_\_\_\_

Mastercard \_\_\_\_\_

AMEX \_\_\_\_\_

Expiry Date: \_\_\_\_\_

- Check: (\$650.00 registration fee) Send this form and your check to the address below.** Please make the check payable to: The Hospital for Sick Children, Division of Urology.

### **Mail to:**

The Hospital for Sick Children

Division of Urology, Attn: Angela McGerrigle

555 University Avenue

Toronto, ON M5G 1X8