



# 2013 Education Day and Annual General Meeting

*The Complete Physician: Anachronism or Imperative*

Friday, September 20, 2013 | Vancouver Convention Centre (West)

## REGISTRATION INFORMATION

Registrant: \_\_\_\_\_  
LAST NAME FIRST NAME(S) CPSID

GP  Specialist  Other: \_\_\_\_\_  
Example: retired, resident, fellow, medical student, etc.

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_  
Please include email address for registration confirmation and receipt, and program updates.

Special dietary or mobility requirements: \_\_\_\_\_

## AFTERNOON WORKSHOPS Registration for these sessions is on a first-come, first-served basis according to room capacity.

### Workshop Session 1 (2:10–2:50) Select ONE only

- Educating physicians for tomorrow—today*
- FULL** *Group medical visits: why and how to lead them*
- Relationships and healing: what we know cures; who we are heals*
- The older physician: maintaining competence and practising safely*
- Not attending

### Workshop Session 2 (3:10–3:50) Select ONE only

- Educating physicians for tomorrow—today*
- Group medical visits: why and how to lead them*
- FULL** *Relationships and healing: what we know cures; who we are heals*
- The older physician: maintaining competence and practising safely*
- Not attending

## REGISTRATION FEE: CAD 78.75

(includes materials, continental breakfast, lunch and two refreshment breaks)

GST# 10695 3961 RT 0001

Registration fee enclosed: **CAD 78.75** (\$75 fee + \$3.75 GST)

*The registration fee of \$78.75 is fully refundable if the cancellation is received by the College in writing before August 30, 2013. Cancellations made after this time will not be refunded.*

Payment by:  Visa  MasterCard  American Express  Cheque (enclosed)

Credit card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby authorize the College of Physicians and Surgeons of British Columbia to charge my credit card for the registration fees noted above.*

Complete this form with payment and return it to the College before **Wednesday, September 18, 2013**

Fax: 604-733-3503