



12th International Conference on Fracture

July 12 – 17, 2009

Registration Form

Please complete this form and forward it with your payment in Canadian, or equivalent US funds, made payable to the **Receiver General for Canada (ICF12)** to: Conference Management Office, ICF12, National Research Council Canada, Building M-19, 1200 Montreal Road, Ottawa, ON, K1A 0R6, Canada or fax to +1 (613) 993-7250

A. General Information Form Navigation: Use TAB to move to next field or please type or print clearly

Last Name _____ First Name _____

Affiliation _____

Address _____

City _____ Prov/State _____ Country _____ Postal Code _____

Tel () _____ Fax () _____ E-mail _____

Accompanying Person: Last Name _____ First Name _____

Please note: In order to facilitate networking amongst delegates, only your name, affiliation and country will appear on the ICF12 Participant List. If **YOU DO NOT WISH** to have your information made available, please let us know by checking the box below:

I **do not** wish to have my name, affiliation and country appear on the ICF12 Participant List

B. Registration Fees	Up to April 15, 2009	After April 15, 2009	
Regular Participant	\$850 CAD	\$950 CAD	\$ _____
Student*	\$400 CAD	\$450 CAD	\$ _____
Accompanying Person	\$150 CAD	\$150 CAD	\$ _____

* The following statement must be completed to register as a student. I certify that _____ is a student currently working towards a recognized degree.

Degree _____ University _____

Supervisor's Signature _____

Title _____ Telephone _____

C. Welcoming Reception (included in the registration fee)

Sunday, July 12, 2009 Additional ticket # of tickets _____ @ \$60 CAD = \$ _____

D. Banquet (included in the registration fee for Regular Participants ONLY)

~~Wednesday, July 15, 2009~~ Additional ticket # of tickets _____ @ \$80 CAD = \$ **SOLD OUT**

Special Dietary Requirements (e.g. vegetarian or food allergies, etc.): _____

TOTAL REMITTANCE/MONTANT TOTAL (CAD) \$ _____

E. Method of Payment

Please charge the total amount above to the following credit card: Credit Card Visa MasterCard American Express

Name (as it appears on card) _____

Card number _____ / _____ / _____ Expiry date _____

Signature: _____ Date: _____

Cheque (enclosed) PLEASE MAKE CHEQUE PAYABLE TO THE "RECEIVER GENERAL FOR CANADA (ICF12)" and send to the above mentioned address

For all Government of Canada Employees – FINANCIAL INFORMATION STRATEGY (FIS)

ORGANIZATIONAL CODE _____ DEPARTMENTAL CODE _____ INTERDEPARTMENTAL SETTLEMENT CODE _____

NAME OF FINANCE OFFICER AND FAX NUMBER _____