

7th INTERNATIONAL SYMPOSIUM ON VHL & HEREDITARY KIDNEY CANCERS
October 26 - 28, 2006
Four Points Sheraton - London, ON Canada

REGISTRATION FORM

Please complete and return this form to:

Robarts Research Institute
 c/o Jill Shields
 100 Perth Drive, P.O. Box 5015, London, ON N6A 5K8
 Phone: 1-519-268-1567; Fax: 1-519-663-3314
 Link: <http://www.vhlcanada.ca/biennialintro.htm>

Questions? Write to canada@vhl.org or call the above telephone number(s).

To register, please type or print in block letters and check appropriate boxes on this form. Please fill in one form for each participant.

Title: Dr. Mr. Ms. MD PhD MD/PhD Student Supporting friend
 Person with VHL or VHL family member Health care professional (nurse, etc.)

***Last name:** _____ ***First name:** _____

Institution: _____

Address: _____

Postal (zip) code: _____ **Province/State:** _____

Country: _____ **Telephone:** _____

Fax: _____ **E-mail:** _____

*Name to appear on name badge.

REGISTRATION FEES

	Registration Category	Registration Fee/person	Discount extended	Amount to be paid	Amount rec'd (for office use only)
Full	Oct. 26/27/28	\$250.00	\$50.00		
1 or 2 Day(s)	Oct. 26 OR 27; Oct. 26 & 27	\$150 / \$200	\$50.00		
1/2 Day	Oct. 28	\$75.00	\$25.00		
Thurs. 26 th	Companion at dinner (companion not entitled to attend scientific sessions)	\$40			
Fri. 27 th	Companion at dinner (companion not entitled to attend scientific sessions)	\$40			
	* Student (faxed registration only, with signature of Supervisor)	\$50.00			
Total					

- *To be eligible for the student rate, your registration form MUST include your Supervisor's signature.

Supervisor's signature: 

**** All attendees must make their own hotel and travel arrangements ****

**** Registration fees includes breakfast, 2 coffee breaks, lunch and dinner. Please indicate on second page whether or not you will be attending the dinner****

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Abstract submission (deadline: June 15, 2006)

Will you be submitting an abstract? Yes (please fill in submission form) No

If yes, please go to http://www.vhlcanada.ca/abstracts_biennial.htm for details

Dinner

Please indicate whether you will attend dinner: Oct. 26 Oct. 27 No

If yes, please indicate any special dietary requirements for the banquet meal:

- Vegetarian
 Other: Please specify: _____

Meeting for exchange

Date: Saturday, October 28, 2006, 9:00 – 1:00pm

- I want to attend the meeting for exchange with patients, doctors and co-medicals.
 I do not want to attend the meeting for exchange with patients, doctors and co-medicals.

Payment Fax this form to 1-519-663-3314

Credit Card:

- VISA MasterCard

Card Number: / / / Expiry Date /

Name (as it appears on your card): _____ mm / yy

- Cheque (please make cheque payable to the Robarts Research Institute, c/o Jill Shields).

Signature: _____ Date: _____
(Registration will become valid upon receipt of confirmation from our office)

Send form accompanied with full payment information by FAX or MAIL to:

Jill Shields
Canadian VHL Family Alliance
4227 Hamilton Rd.; Dorchester, ON N0L 1G3
FAX: 1-519-663-3314