

THE AGING MUSCULOSKELETAL SYSTEM CONFERENCE: REGISTRATION FORM

Title _____

First Name* _____

Last Name* _____

Organization _____

Address* _____

City* _____

Province/State* _____

Zip / Postal Code* _____

Country* _____

Email* _____

Phone* _____

I wish to register for (please circle) Full Conference Friday Saturday

Please provide us with information regarding Allergies, Dietary Restrictions, or Accessibility Issues.

*Fields marked with an * are required.*

Please mail your completed registration form to:

SOUTH WINNIPEG BONE & JOINT HEALTH, 5-871 WAVERLEY STREET, WINNIPEG, R3T 5P4
REGISTRATION DEADLINE IS 5 PM (CST) MONDAY, NOVEMBER 16, 2015.

For conference information, please contact Laurie Bowering at (204) 958-7546.