



20th Annual Canadian Bioethics Society Conference

June 11- 14, 2009
Hamilton Convention Centre
Hamilton, ON



Contact Information (Please Print)		
First Name		
Last Name		Title
Organization		
Address		
City/Town	Prov/State	Postal Code
Telephone()	Fax ()	
Email		
Special Needs		

Registration Fees

Status	Early Fee To May 27	Regular Fee From May 28
CBS Member	\$393.75	\$446.25
CBS Non-Member	\$498.75	\$551.25
CBS Student	\$131.25	
Non-CBS Student	\$183.75	
Student Breakfast with Mentors: Students only: Yes I will attend _____		

Pre – Conferences (Thursday)			Preconference only	√
CHEPA "Health Policy Ethics: Cultivating a Growing Field in Canada"	8:00 – 5:00	52.50	78.75	
Global Health Ethics in Research (CIHR)	9:00 – 3:30	52.50	78.75	
"Professional Issues in Clinical Ethics: Working Conditions and Professionalization" (Convention Centre)	9:00 – 5:00	52.50	78.75	
One day Rates				
Friday or Saturday		\$183.75		
Sunday 1/2 day		\$78.75		
Student Friday or Saturday		\$89.25		
Sunday		\$26.25		

** Full conference fee includes: Continental Breakfast, lunches, breaks (Fri. & Sat), Breakfast Sunday and opening reception (cash bar). G.S.T

@ 5% is included in all Registration Fees and Daily Rates.

Social Event Royal Botanical Gardens: Dinner \$75.00 x _____ (No. of tickets) = \$ _____
Menu choices: Chicken _____ Vegetarian _____

CBS Membership Fees (September 1, 2009- August 31, 2010)

Regular	\$ 80.00
Student	\$ 35.00
Institutional	\$250.00
Emeritus	\$ 40.00
Under/Unemployed	\$ 35.00

Cancellation Policy: Cancellations must be received in writing on or before Friday May 6, 2009 (e-mail is acceptable). An administration fee of \$45.00 will be charged for all cancellations. Please note refunds will not be issued after May 6, 2009.

Privacy Statement: The data on this form will not be disclosed by McMaster University except to the conference organizers of CBS 2009. May your contact information be added to the delegates' list? Yes No

Freedom of Information and Protection of Privacy Act - go to: http://conference.mcmaster.ca/conf_accom_forms.htm

Total Fees: Total of Box 1 & 2 + Social Event = \$ _____
**CBS Membership Renewal = \$ _____
Total Fees = \$ _____

Payment

METHOD OF PAYMENT (Sorry, no personal cheques)

VISA MASTERCARD AMERICAN EXPRESS INSTITUTIONAL CHEQUE (PAYABLE TO McMASTER UNIVERSITY)

CARD HOLDER _____

CARD # _____

EXPIRY DATE _____

SIGNATURE OF CARD HOLDER _____

RETURN COMPLETED FORM WITH PAYMENT TO:

Conference Services
McKay Hall Room 124
McMaster University
1280 Main Street, West
Hamilton, Ontario
Canada L8S 4K1 or Fax To: 905-529-3319

Questions/concerns ... please e-mail or call:
meet@mcmaster.ca
905-525-9140, x26898 or x24781