

REQUEST FOR ATTENDANCE
18th Annual Rotman Research Institute Conference
NEUROIMAGING IN DEMENTIA
THE FOUR SEASONS HOTEL, TORONTO
 Monday, March 24, Tuesday, March 25 and Wednesday, March 26, 2008

Press the tab key or your mouse to move through fields.

Date Submitted: _____

Dr. Mr. Mrs. Ms. First Name: _____ Last Name: _____

Position/Job Title: _____

Department: _____ Ext. _____

Cost Centre Manager's Name: _____

*Entity#: _____ Facility#: _____ Cost Centre #: _____

**THESE MUST BE CORRECT - if you unsure of your numbers you can look them up in the Baycrest Intranet under Workgroups – Finance*
 DATES ATTENDING (Please ✕) Clinical Session (Mar 24) Conference (Mar 25 & 26)

| STAFF REGISTRATION FEES | BEFORE JAN. 31/2008 | AFTER JAN. 31/2008 | *ON-SITE PAYMENT |
|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| PRE-CONFERENCE CLINICAL SESSION | <input type="checkbox"/> \$120 | <input type="checkbox"/> \$140 | <input type="checkbox"/> \$160 |
| CONFERENCE | <input type="checkbox"/> \$180 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$220 |

Registration fee total \$ _____

TO BE PAID BY:

1. COST CENTRE:

Approved by _____ Date _____

(Cost Centre Manager)

(must be signed by manager to complete internal transfer)

2. EMPLOYEE:

CHEQUE (payable to Baycrest) VISA MASTERCARD AMEX

Credit Card # _____ Expiry Date: ____/____/____

Employee's Signature: _____

*ANY registrations received after February 28th will be processed as on-site.

Contact ext. 2363 for further information.
 PLEASE RETURN FORM TO O.E., 2nd FLOOR – HOSPITAL
 COMPLETED FORMS CAN ALSO BE FAXED TO #4215.

Distribution - send signed copy to Organizational Effectiveness (will process all internal payments)
 - retain copy for departmental or personal file