

**Primary Health Care Research Day**  
**Thursday, June 4, 2014 | 8:00am-3:30pm**  
**Atlantica Hotel Halifax**

**Registration Form**

Please return completed registration form to Eileen Brown by email ([dfmresearch@dal.ca](mailto:dfmresearch@dal.ca)) by **May 15<sup>th</sup>, 2015**.

Name:			
Title/Organization:			
Email Address:		Phone Number	

**REGISTRATION (HST included):**

☐ Delegate - \$100

☐ Student - \$35

Dietary Concerns (ex. nuts, dairy, vegetarian, vegan, gluten):

**METHOD OF PAYMENT** (confirmation of payment/receipt will be provided)

<input type="checkbox"/>	Cheque ( <i>payable to the Dalhousie Department of Family Medicine</i> )
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Invoice required (see below)

**Address invoice to:**

Name:			
Title/Organization:			
Address:			
Phone Number:		Fax Number:	
Email Address:			

<input type="checkbox"/>	Payment by mail.
<input type="checkbox"/>	Payment will be provided day of the event.

**POSTER PRESENTATION** (if applicable)

☐ I have attached an abstract for review.

☐ I will be forwarding an abstract for review.

Presented by: Collaborative Research in Primary Health Care (CoR-PHC)  
<http://dal.ca/cor-phc>

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