



**McGill**

Twelfth Annual McGill  
Facial Plastic Surgery  
Course

## REGISTRATION FORM

Title:  Surname:  First Name:

Address:

City:  Province:  Postal Code:

Telephone:  E-mail address:

University/Hospital/Facility:

Training Level:

Please check the box for which activitie(ies) you will attend.

- Lectures only
- Injectables workshop
- Cadaver dissection

Please check your preferred method of payment

- by credit card  
- by cheque

Name as it appears on card:

Card number:

Expiry date:    
Month Year

Card security code: