## BC Zoonoses Symposium

# REGISTRATION FORM

November 15th, 2016

Langley Golf Centre

21550 44 Ave, Langley, BC

|  |  |  |  |  |  |  |  |  |  |
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| **Registration is free but we require your contact information and confirmation that you will be attending. Please indicate if you choose to attend in-person or via webinar.** | | | | | | | | | |
| Registration Information | | | | | | | | | |
| Last Name: | |  | | First Name: | | | | | | |
|  | | | | | | | | | | |
| Street address: | | | | | Email: | | | Telephone Number: | |
|  | | | | |  | | | ( ) | |
| Address: | City: | | Country: | | | | Province: | | Postal Code: |
|  |  | | | | | |  | |  |
| Position: | Organization: | | | | | Fax Number: | | | |
|  |  | | | | | **bccdc_logo_coloured 2009**( ) | | | |
| Dietary restrictions/requirements: ❑ Yes ❑ No | | | | | | Specify: | | | |
| How will you be attending? ❑ In-Person ❑ Webinar   * High-speed connection is necessary for webinar access * Password to access webinar will be delivered at a later date. | | | | | | | | | |
| Comments: | | | | | | | | | |

After complete email your registration to: [kirsten.mitchell@bccdc.ca](mailto:kirsten.mitchell@bccdc.ca%20%20)

**BC Zoonoses Symposium**

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