

**DIVISION OF RHEUMATOLOGY, TORONTO WESTERN HOSPITAL  
IN ASSOCIATION WITH THE SJÖGREN'S SOCIETY OF CANADA**

**PRESENTS**

**Professional Education Day on Sjögren's Syndrome  
Friday, April 29, 2016**

**Hilton Mississauga/Meadowvale Hotel  
& Conference Centre**

**6750 Mississauga Rd, Mississauga, ON**

**(Located 15 mins west of Toronto Pearson Airport, 25 mins to downtown Toronto)**

**Fri., April 29, 2016: Conference 0800 - 1630**

*Full Breakfast, lunch and two snacks provided.*

*(Gluten-free or vegetarian meals available upon request at time of registration)*

**0700 – 0800**

**Registration and Exhibitor Booths Open (Breakfast starts)**

**0800 – 1630**

**Presentations**

Your Conference registration fee **does not include** your hotel room. To book your room, contact the Hotel Reservation's Centre at 1-800-445-8667 or 1-905-821-1981 (daily 9am-5pm); or go on line: <https://aws.passkey.com/event/14502026/owner/13907871/home>

**CONFERENCE REGISTRATION FORM**

**1. PHYSICIAN/DENTIST/HEALTHCARE PROFESSIONAL – complete for each registrant**

Attendee Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Specialty \_\_\_\_\_

**FEES \$199. Per person**

**2. RESIDENT – complete for each registrant**

Attendee Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Specialty \_\_\_\_\_ Medical School \_\_\_\_\_

**FEES - Free**

**2. FEES - Please indicate appropriate fee(s).**

**PHYSICIAN - \$199.**

**RESIDENT - Free**

**DENTISTS - \$199.**

**HEALTHCARE PROFESSIONAL - \$199.**

\_\_\_\_\_ **Gluten- Free Meal Requested** \_\_\_\_\_ **Vegetarian Meal Requested** **TOTAL FEES \$** \_\_\_\_\_

**3. PAYMENT OPTIONS**

**ONLINE:** [www.sjogrenscanada.com/seminars-events/profedday](http://www.sjogrenscanada.com/seminars-events/profedday)

**MAIL:** Cheque payable to Sjögren's Society of Canada or credit card information with completed form to:  
212-505 Park Road North, Brantford, ON N3R 7K8

**FAX:** Credit Card Payments and completed form to 1-519-304-4346 or

**EMAIL:** Scan completed and signed copy to [info@sjogrenscanada.org](mailto:info@sjogrenscanada.org) - In subject line indicate "Registration Form"

A. \_\_\_\_\_ Cheque or money order

B. Credit Card Payment \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD Expiry Date \_\_\_\_/\_\_\_\_ (Month/Year)

Card # \_\_\_\_\_ Exact Name on card: \_\_\_\_\_

(Please print clearly)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Substitutions may be made if the original registrant is unable to attend.

Refund requests must be writing. Written requests received prior to March 30, 2016 will receive a 50% refund. After that time, no refunds can be made.

**FOR MORE INFORMATION, CONTACT THE SJÖGREN'S SOCIETY OF CANADA**  
Phone: 1-888-558-0950 or 1-519-304-1444 or visit [www.sjogrenscanada.org](http://www.sjogrenscanada.org)

