Registration Form

JAMES A. LOW RESEARCH DAY DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

FRIDAY, APRIL 12, 2019 DONALD GORDON CENTRE, QUEEN'S UNIVERSITY

Please fill in the following form.

Submit this form to Heather Ramshaw, Dept OBGYN, Queen's University as an attachment by email to ramshawh@queensu.ca.

First name:				Last name:			
Department:				Email address:			
Designatio Resident:	n: R1	R2	R3	R4	R5		
Medical Student: Graduation year			2019	2020	2021	2022	
Basic Science Student: B.Sc. Candidate			didate M	l.Sc. Candidate	Ph	n.D. Candidate	
Fellow							
Faculty							
Other (p	olease specify	'):					
Abstract In	cluded: Indic	ate your pre	ference.				
Oral Abstract Poster Ab			ster Abstrac	t	N/A: Atte	N/A: Attendee Only	
I plan to at Entire p							
Morning	g session only	,					
Afterno	on session on	lly					
Other (r	olease specify	·):					

I plan to have lunch at the Donald Gordon Centre

Yes No

Notes/Comments to Organizer:

Please indicate your preferences as soon as possible.

This will allow us to estimate the number of participants attending.

REGISTRATION AND ABSTRACT DEADLINE: 8AM MONDAY, APRIL 1, 2019