**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designation:**

☐ Resident: ☐ R1 ☐ R2 ☐ R3 ☐ R4 ☐ R5

☐ Medical Student: Graduation year: ☐ 2019 ☐ 2020 ☐ 2021 ☐ 2022

☐ Basic Science Student: ☐ B.Sc. Candidate ☐ M.Sc. Candidate ☐ Ph.D. Candidate

☐ Fellow

☐ Faculty

☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Abstract Included:** Indicate your preference.

☐ Oral Abstract ☐ Poster Abstract ☐ N/A: Attendee Only

**I plan to attend:**

☐ Entire program

☐ Morning session only

☐ Afternoon session only

☐ Other (please 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***