

Registration Form B

Accommodation and Tours

Please TYPE or PRINT in BLOCK LETTERS and FAX or AIRMAIL to:

CARLSON WAGONLIT TRAVEL, 150-409 Granville Street, Vancouver, BC CANADA V6C 1T4

Fax: (1) 604-682-7492

Family Name: _____ Given Name _____

Address: _____

Country: _____

Tel No: _____ FAX No: _____

Hotel Preference: Category A Category B Category C

Type of room required: Double Single Twin Smoking Non Smoking

If you are sharing a room, please name other occupant: _____

1st Preference: _____ 2nd Preference: _____

Check-in Date: _____ Check-out Date: _____ Total # nights _____

Congress Tours: Please book the following tour(s)

TOUR #	DATE	SEATS	CRUISE #	DATE	SEATS
YVR 1			CRS 1 Rhapsody of the Seas		
YVR 2				INSIDE CABIN	OUTSIDE CABIN
WHS 1					
YYJ 1			CRS 2 Regal Princess		
GLF 1				INSIDE CABIN	OUTSIDE CABIN
GLF 2					
4 DAY COACH					
8 DAY COACH					

Please send more details on the Molson Indy 500 Race.

SECTION LUNCHEONS & DINNERS: Wednesday 3, Thursday 4, Friday 5 September

(must be pre-registered and pre-paid in full as noted below)

Please mark selection with an "X".

Clinical Biology Section Dinner \$90	_____	Hospital Pharmacy Section - Dinner \$78	_____
Industrial Pharmacy Section - Dinner \$75	_____	Community Pharmacy Section - Dinner \$110	_____
Military & Emergency Pharmacy - Dinner \$40*	_____	Academic Section - Dinner \$90	_____
Administrative Pharmacy - Dinner \$90	_____	Section for OLMCS - Dinner \$90	_____
Medicinal & Aromatic Plants - Lunch \$40*	_____	Section for Pharmacy Info. - Lunch \$40*	_____
Women In Pharmacy - Lunch \$55	_____	"Walk across Canada" Cultural event \$40	_____
*deposit only, balance to be paid at Congress	_____	CPhA luncheon \$31	_____

HOTEL DEPOSIT:

All requests for accommodation must be accompanied by a deposit of Canadian \$350 per room. Please make cheques payable to Carlson Wagonlit Travel or provide authorization to charge credit card, as per below:

Cheque enclosed Credit Card no: _____ Exp. _____

Type: Visa Mastercard/Eurocard Diners/EnRoute American Express

Signature _____ Date _____

Name As It Appears On Card _____
(please print clearly)