



AUGUSTINE COLLEGE

APPLICATION FORM | AC Summer Conference The Roots of Modern Medicine

To apply for the Augustine College Summer Conference for CMDS/CMDA members (and others) fax the completed form to: (613) 237-3934

Or mail it to: AC Summer Conference / Augustine College / 163 Fifth Avenue / Ottawa, Ont. K1S 2M8 / Canada Or use the on-line form at: www.augustinecollege.org/sc_application.html

APPLICANT INFORMATIO	N				
FULL NAME					
PROFESSION/SPECIALTY					
E - M A I L					
ADDRESS & POSTAL CODE					
COUNTRY					
AREA CODE & TELEPHONE					
AREA CODE & CELL PHONE					
2 Check, if you are seeking accredi					
3 Which module (conference year)					
4 What would you like on your nat 5 Please signal awareness that you a	re responsible	for making	your own acco i		
ATTENDING-SPOUSE INFO	ORMATIO	N			
Γο be filled in only if your spouse	is also applyi	ng to atten	d the Confere	nce	
SPOUSE'S NAME					
PROFESSION/SPECIALTY					
1 Is your spouse seeking accreditate	on?	MDA 🗖	CCFP 🖵	ROYAL	. COLLEGE 🗖
2 What would your spouse like on	his/her name	tag?			