



# AUGUSTINE COLLEGE

*faith seeking understanding*

## Application Form

Please complete the following form to apply for *The CMDS-CMDA Summer Conference | The Roots of Modern Medicine*. Please print this file out, fill it in and then fax it to: (613) 237-3934.

### Contact Information

Name

Profession / Specialty

E-mail

Phone

Address

City

Province / State

Country

Postal Code / Zip Code

### Conference Information

1. Are you seeking accreditation?                      CMDA     CCFP     Royal College
2. Which module are you applying for?                      Module
3. What would you like on your name tag?

### General Information

1. How did you hear about the conference?
2. You realize that you are responsible for making  
your own accommodation arrangements?                      No     Yes

### Attending Spouse Information\*

*\* to be filled in only if spouse is also applying to attend conference*

1. Spouse's Name
2. Profession/Specialty
3. Is spouse seeking accreditation?                      CMDA     CCFP     Royal College
4. Which module(s) is your spouse applying for?                      Module
5. What would your spouse like on his or her name tag?

Please place any comments or additional information below.

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