

Conference September 28 to 30th, 2016 Saskatoon Inn, Saskatoon SK

REGISTRATION FORM

Saskatoon, Sask. S7K 0M7

Name					Facility					
Address					Phone #					
City / Town					Fax #					
Postal Code					email					
Please check the box for each event that you will be attending:										
Wednesday:	Registration evening $\ \square$									
Thursday:	Breakfast \square Lunch \square Solar Gardens Dinner \square Extra ticket (\$35) \square									
Friday:	Breakf	ast□	Lunch \square							
SAMIM Conference Registration Fee: \$125 (Fee includes all lectures/meals/events)										
Accomodation	n:	Saskatoon Inn Hotel and Convention Center								
		2002 Airport Drive								
		Saskatoon, SK S7L 6M4								
		Phone toll free 1-800-667-8789								
		Email: reservations@saskatooninn.com								
Nightly Room Rates:		Standard 2 Queens: \$149 per night + taxes (single or double occupancy)								
A block of roo	ms will b	e held	available until	August 29, 20	016.					
Guests will need to reserve room before this cut off date.										
For conference rate, quote group name Saskatchewan Association of Medical Imaging Managers.										
REGISTRATION DEADLINE: August 26, 2016. (Make your cheque payable to SAMIM)										
\Box I will pay the registration fee now. A cheque for (\$125/person) enclosed.										
☐ I would like to register now, but I will pay at the conference.										
Please forward the completed registration form (and fee if you are paying now) to:										
Darrel Schneid	der			Complete	/save the reg	sistration form on your computer				
Medical Imaging			OR	Email to d	arrel.schneid	er@saskatoonhealthregion.ca				
Saskatoon City Hospital						_				
701 Queen Street			OR							

Fax the completed form to (306)655-8811