



# LIVER AND IBD BEFORE AND AFTER

JAN 19-21  
2024

IN-PERSON  
SYMPOSIUM



17TH ANNUAL INTERNATIONAL SYMPOSIUM ON LIVER AND IBD REVIEW | VILLAGE CONFERENCE CENTRE | COLLINGWOOD, ON

## REGISTRATION FORM

**DEADLINE: DECEMBER 21, 2023**

You can register in one of three ways:

**1 Online**  
via secure server  
at: [www.gastro.on.ca](http://www.gastro.on.ca)

**2 Fax:**  
(416) 491-1670

**3 Mail:** Ontario Association of Gastroenterology  
2800 14th Avenue, Suite 210, Markham, ON L3R 0E4  
Tel: (416) 494-7233/1-866-560-7585

Please indicate:  Member  Sponsor  Speaker  GI Resident/Fellow  OAG Invited Guest

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Companion's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Children: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Age of Children: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Social Media Handles: Twitter: \_\_\_\_\_ Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

How would you like to receive your conference confirmation?  
 Mail  Fax  Email

**REGISTRATION INCLUDES:**  
Welcome Dinner, Breakfasts,  
Scientific Sessions, Nutrition Break  
and President's Party.

**SYMPOSIUM REGISTRATION  
OPEN TO 70 GI MEMBERS**

### EVENTS

	I (Member/Sponsor) will attend	My Spouse/Companion will attend	My Children will attend	My Young Adult will attend	My Guest will attend
Welcome Dinner (Fri)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast (Sat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scientific Sessions (Sat)	<input type="checkbox"/>				
President's Party (Sat)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Breakfast (Sun)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scientific Sessions (Sun)	<input type="checkbox"/>				
Children's Program (Sat Evening) Ages 4 - 12			<input type="checkbox"/>		

### DIETARY CONCERNS

Do you have dietary concerns?  Yes  No

Concern: \_\_\_\_\_

Does your spouse/companion have dietary concerns?  Yes  No

Concern: \_\_\_\_\_

Do your children have dietary concerns?  Yes  No

Concern: \_\_\_\_\_

Does your young adult have dietary concerns?  Yes  No

Concern: \_\_\_\_\_

Does your guest have dietary concerns?  Yes  No

Concern: \_\_\_\_\_

**PHOTOGRAPHS:** The OAG, from time to time, will take photos of Symposium delegates for our website, Twitter page, blog or future promotional material. If you do not wish to have your photograph published, please check the box:  
 No, please do not publish my photograph on the OAG website, Twitter page or blog.

**CANCELLATIONS AND NO-SHOW POLICY:** If you register for OAG events and do not attend, you will be charged a fee. To avoid a penalty, cancellations MUST be submitted to the OAG office, in writing, at least seven (7) business days prior to the event. If you register and do not show, a fee of \$1000 will be charged to your credit card. Refunds will be issued for paid registrations that are cancelled by the published deadline. If you made a hotel reservation through the OAG room block, the cancellation fee will also include the cost of the published hotel room rate. For this reason, all registered delegates are required to supply their credit card information at the time of registration. Your card will not be charged unless you fail to attend and have cancelled your registration as detailed above. The OAG website utilizes a Secure Socket Layer (SSL), which encrypts all information provided by the user.

**OAG PRIVACY POLICY:** The OAG produces a Mobile App, which includes the following business information of registered GI delegates: full name, address, telephone, fax and email address. Symposium sponsors may use this information to contact you. This information will not be used for any other purpose by the OAG.

- Yes, you may publish my contact information
- No, please do not publish my contact information.

Signature: \_\_\_\_\_

### HOTEL RESERVATIONS

To take advantage of your complimentary hotel accommodation, members **MUST** complete the form below and return to the OAG office by mail, fax or email on or before **December 21, 2023**. Please note that all rooms are non-smoking.

I/We will require hotel accommodations:  Yes  No

Number of nights:  1  2  Other \_\_\_\_\_

Arrival Date and Time: \_\_\_\_\_

How many people are in your party?  1  2  Other \_\_\_\_\_

Do you require a crib?  Yes  No (Cots are NOT available at this hotel.) This hotel does not have two beds per room but is equipped with a full size sofa bed.

Do you require an additional room? (At delegate's expense.)  Yes  No

(If yes, do you require an interconnecting room?)  Yes  No

**Rates:**  Deluxe Room: \$379.00 p/n  One Bedroom with Den: \$479.00 p/n

One Bedroom: \$429.00 p/n  Two Bedroom: \$599.00 p/n

**Note:** For members, the OAG will cover the cost of a Deluxe Room for a maximum of two nights. Members are responsible for any additional room costs and incidentals.

### REGISTRATION FEE

	EARLY BIRD: On or before December 21, 2023	LATE REGISTRATION: December 21, 2023 and after
<b>Member-Active/Honourary</b>	\$250.00 per person x _____	\$350.00 per person x _____
<b>Member-Residents/Fellows</b>	\$200.00 per person x _____	\$300.00 per person x _____
<b>Spouse/Companion</b>		
<input type="radio"/> Entire Event:	\$225.00 per person x _____	\$325.00 per person x _____
<input type="radio"/> Welcome Dinner ONLY:	\$75.00 per person x _____	\$100.00 per person x _____
<input type="radio"/> President's Dinner ONLY:	\$85.00 per person x _____	\$110.00 per person x _____
<b>Guest/Young Adult (Ages 13 - 18 years)</b>		
<input type="radio"/> Entire Event:	\$225.00 per person x _____	\$325.00 per person x _____
<input type="radio"/> Welcome Dinner ONLY:	\$75.00 per person x _____	\$100.00 per person x _____
<input type="radio"/> President's Dinner ONLY:	\$85.00 per person x _____	\$110.00 per person x _____
<b>Children (Ages 4 - 12 years)</b>	\$125.00 per person x _____	\$225.00 per person x _____
<b>Children (3 years and under)</b>	Complimentary x _____	Complimentary x _____
	Add 13% HST: _____	Add 13% HST: _____
	<b>TOTAL \$</b> _____	<b>TOTAL \$</b> _____

### CREDIT CARD INFORMATION (mandatory)

Please charge my:  VISA  MasterCard HST# 858140973 RT0001

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_

Print Name on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_

By signing, I authorize the use of my credit card. Please note that the OAG does not keep credit card numbers on file.