



Ski Trip Registration

Name: _____
 (First Name) (Middle Initial) (Last Name)

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Ski Trip Registration Fees *(Please check appropriate fee)*

Single Occupancy \$430

Double Occupancy *(per person)* \$310

Name: _____
Name of person sharing hotel room

Total Ski Trip Registration Fees (includes GST): \$ _____
Must be received with full payment no later than Friday, February 3, 2006

All ski trip registrations and **FULL PAYMENT** must be received no later than **February 3, 2006**.

The Canadian Blood and Marrow Transplant Group reserves the right to cancel the post-conference ski trip if there is insufficient registration. If the ski trip is cancelled, full refunds will be issued.

If the ski trip is cancelled, notification of cancellation will be sent to all ski trip registrants by February 10, 2006.

Payment Information

Cheque Payment Please enclose a cheque or money order payable to the
 "Canadian Blood and Marrow Transplant Group"

Credit Card Payment

Credit Card Type: Visa MasterCard AMEX

Card Number: _____ Expiry Date: _____

Name on Credit Card: _____

Signature of Cardholder: _____

For more information, please contact the **CBMTG Head Office at 604.874.4944 or cbmtg@malachite-mgmt.com**

Mail or fax **by Friday, February 3, 2006** to:

CBMTG Head Office

Suite 402-570 W. 7th Ave., Vancouver, BC V5Z 1B3

Fax: **604-874-4378**