



WFH 15TH INTERNATIONAL MUSCULOSKELETAL CONGRESS

Seoul, Republic of Korea
May 5-7, 2017

REGISTRATION FORM

Please return completed form to: msk2017@wfh.org OR fax +1 (514) 875-8916

☐ Dr. ☐ Prof. ☐ Mr. ☐ Mrs. ☐ Ms.

First Name: _____

Last name: _____

Organization: _____

Address: _____

City: _____ State/Prov.: _____ Postcode: _____ Country: _____

Telephone: _____ Email: _____

Profile: ☐ Orthopedist ☐ Hematologist ☐ Physiotherapist ☐ Other (please specify): _____

I work mostly with: ☐ Industry ☐ Non-profit ☐ Treatment Center ☐ Other (please specify): _____

REGISTRATION FEES

Registration fees are in US Dollars; rates are applicable if both registration and payments are received before the deadlines.

	EARLY		LATE		ON-SITE
	Before December 9, 2016		Before April 21, 2017		
	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER	
Delegate (doctor/industry)	<input type="checkbox"/> \$630	<input type="checkbox"/> \$720	<input type="checkbox"/> \$755	<input type="checkbox"/> \$845	\$880
Allied Health Professional (nurse, physiotherapist etc.)	<input type="checkbox"/> \$380	<input type="checkbox"/> \$470	<input type="checkbox"/> \$505	<input type="checkbox"/> \$595	\$630
Student*	<input type="checkbox"/> \$330	<input type="checkbox"/> \$380	<input type="checkbox"/> \$380	<input type="checkbox"/> \$430	\$455
WFH Membership	Individual <input type="checkbox"/> \$60		PWBD <input type="checkbox"/> \$30		N/A
TOTAL AMOUNT DUE (US)					\$

* Must be a full-time student at the time of the Congress. Proof of Student ID will be required. Please submit your proof along with your completed registration form via email or fax.

PAYMENT METHOD

Note: Registration forms without payment details cannot be processed.

☐ I have made a bank transfer of the total amount to:

Account Name: World Federation of Hemophilia. Bank: Caisse Centrale Desjardins, Montréal, QC, Canada. Branch Name and adresse : Caisse Desjardins de Sault-au-Récollet-Montréal-Nord, 2612 Boul. Henri-Bourassa E., Montréal, Québec, Canada H2B 1V6. Branch ID: CC 0815-30513 (Institution 3, Branch 5). Account #: 0815305138063901 USD, Institution (3), Branch (5), Account (Account 7). Swift: CCDQCAMM.

☐ Please charge the total amount to the following credit card: ☐ Visa ☐ MasterCard * American Express not accepted

Card Number: _____ Exp: _____

Name on card: _____ Signature (mandatory): _____

Cancellation and Refund Policy Participants unable to attend will receive a refund equivalent to seventy-five percent (75%) of their paid registration fee provided that the Congress Secretariat is advised of the cancellation in writing on or before **March 17, 2017**. Refunds requested after this date will not be considered. All approved refunds will be issued within one month after Congress.