



Medico-Legal Society of Toronto
PROFESSIONAL DEVELOPMENT AND CONTINUING EDUCATION PROGRAM

Medico Legal Society of Toronto's Annual Dinner
Annual General Meeting & MLST Award Presentation

Wednesday, May 29th, 2019 | 6:00 Reception | 6:15pm AGM | 7:00pm Dinner & Presentations
The National Club, 303 Bay Street, Toronto

Tickets

Please indicate the number of each ticket being purchased (using **x** ___) and complete the guest information on page two. NOTE: incomplete forms cannot be processed.

	MEMBER	NON-MEMBER
Regular:	\$230 + \$29.90 hst = \$259.90 x ___	\$275 + \$35.75 hst = \$310.75 x ___
Young Practitioner*:	\$175 + \$22.75 hst = \$197.75 x ___	\$200 + \$26.00 hst = \$226.00 x ___
Retired or Student*:	\$130 + \$16.90 hst = \$146.90 x ___	\$150 + \$19.50 hst = \$169.50 x ___

Tables of Eight (8)

Full table of eight (member/non-member) \$1800 + \$234.00 hst = **\$2034.00 x** ___

FOUR WAYS TO REGISTER

- **ONLINE:** go to www.mlst.ca
- **EMAIL:** complete the form, scan and send to mlst@mlst.ca
- **POST:** complete the form and mail to MLST, 301-250 Consumers Road, Toronto, ON M2J 4V6
- **FAX:** please complete the form and fax to 416.495.8723

REGISTRATION INFORMATION

Name: _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email address: _____

Telephone number: _____

PAYMENT METHOD Visa MasterCard Cheque

Name on card: _____

Billing address: _____

City: _____ Province: _____ Postal Code: _____

Card number: _____

Exp: ____/____ CVV: _____ **TOTAL to be charged:** \$ _____

Signature: _____ Date: _____

MLST BN 889640165

***Young Practitioner:** in practice less than 5 years. **Student:** attending a recognized law/medical school; bar admission course articling student; intern; resident. **Retired:** over 65 and fully retired

Cancellation Policy:

- Registrations cancelled on or before May 20th, 2019 are refundable
- Registrations cancelled on or after May 21st, 2019 are **Non-refundable**



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Guest information

Please provide the following information for **all** attendees. Note: names submitted below will be used for the name badges.

Name

Dietary and/or accessibility requirements

If none, please mark N/A

Main Registrant

Guest 1

Guest 2

Guest 3

Guest 4

Guest 5

Guest 6

Guest 7

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