

We look forward to hearing from you and hope you can join us for this special event!



Surgical Weight Loss Centre
4th Annual Symposium

SWLC Symposium 2011

Registration Form

Sheraton Toronto Airport Hotel & Conference Centre
Saturday, April 30th, 2011

AUTHORIZATION FOR CREDIT CARD DEBIT

I authorize the office of Surgical Weight Loss Centre to charge my credit card for the following payment:

Cardholder Name: _____

Date: _____

Home Phone #: _____ **Work Phone #:** _____

Cell Phone #: _____

Amount: _____

Credit Card Type:

Visa

MasterCard

American Express

Credit Card Number: _____

Expiry Date: _____

Cardholder Signature: _____

Phone: 905-278-8000 or 1-888-278-7952

Return Fax: 905-275-1582