

TARRANT Annual Meeting 2006

**Please return this sheet to:
TARRANT Program
Fax (403) 270-4329**

From: Dr. _____

Phone: (_____) _____

1) Would you like to attend the annual meeting? Yes No

2) Who else in your practice will attend the meeting? _____

3) Please circle all suitable dates for you.

February							
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
				1	2	3	4
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20 <small>FAMILY DAY</small>	21	22	23	24	25	
26	27	28					

2006

March							
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
				1	2	3	4
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

2006

4) Costs to be paid by TARRANT:

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Return airfare | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other travel costs (e.g., mileage) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| One night hotel accommodation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5) Other suggestions and Comments:

For questions or additional information, please call (403) 220-2750.