



REGISTRATION FORM

- You can register in one of three ways:**
- 1 Online** via secure server
www.conference2026.cabps.ca/registration
 - 2 Fax:**
(416) 491-1670
 - 3 Mail:** CABPS, 210-2800 14th Avenue,
Markham, ON L3R 0E4

Category: CABPS Member [Current - 2026-2027] Non-Member Speaker Family Doctor Resident Student Partner/Sponsor

Contact Information: (as it will appear on your name badge) Dr. Mr. Ms. Mrs. Other _____

Profession: (please check one) MD PhD RD RN Pharm Other _____

Last Name: _____ First Name: _____

Position: _____ Organization: _____

Address: _____ City: _____ Province/State: _____ Postal Code/Zip Code: _____

Phone (please include area code): _____ Fax (please include area code): _____

Email: _____ (Please enter valid e-mail address as this is required to send receipt and confirmation notice.)

Dietary Concerns: _____

CABPS is getting social!

Please tell us **where we can find you on Twitter**. Twitter Handle: _____ (optional). Also, remember to **"like" our Facebook page** before the conference!

CABPS Conference May 21-23, 2026				
SINGLE REGISTRATION (Please add where applicable: QST/HST/GST)				TOTAL
Category	Member Early Bird Fee (Before April 21, 2026)	Member Late Fee (After April 21, 2026)	Early Bird Fee (Before April 21, 2026)	Late Fee (After April 21, 2026)
	CABPS Member Rate		CABPS Non-Member Rate	
Physician	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$650.00
Allied Health	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$395.00	<input type="checkbox"/> \$305.00	<input type="checkbox"/> \$405.00
Resident Trainees	<input type="checkbox"/> \$295.00	<input type="checkbox"/> \$395.00	<input type="checkbox"/> \$305.00	<input type="checkbox"/> \$405.00
Medical Students	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$375.00
TEAM BUNDLE REGISTRATION (Please add where applicable: QST/HST/GST)				
Category (Choose a 3, 5, or 7 Pass)	CABPS Member Clinic Team Bundle Fee	CABPS Non-Member Clinic Team Bundle Fee (includes a 2026/2027 CABPS Membership for all pass users)		
3 Pass: 1 Physician + 2 Allied Health	<input type="checkbox"/> \$860.00	<input type="checkbox"/> \$1,160.00		
5 Pass: 1 Physician + 4 Allied Health	<input type="checkbox"/> \$1,310.00	<input type="checkbox"/> \$1,710.00		
7 Pass: 1 Physician + 6 Allied Health	<input type="checkbox"/> \$1,700.00	<input type="checkbox"/> \$2,200.00		

Conference Registration Includes:
Breakfast, Lunch, Wine & Cheese Reception,
Symposia, on-line presentations.

#1 Name: _____ Profession: _____
Email: _____ Dietary Concerns: _____

#2 Name: _____ Profession: _____
Email: _____ Dietary Concerns: _____

#3 Name: _____ Profession: _____
Email: _____ Dietary Concerns: _____

If you have additional staff registrations, please use additional sheet or register online.

PRIVACY POLICY

CABPS produces a Delegate Roster, which includes the following business information of registered Conference delegates: full name, address, e-mail, telephone and fax numbers. Conference sponsors may use this information to contact you to promote their products and/or services or to visit their booth in the Networking/Exhibit hall during the Conference.

Yes, you may publish my contact information.
 No, please do not publish my contact information.

VIRTUAL REGISTRATION (Please add where applicable: QST/HST/GST)			
Category	Virtual Early Bird Fee (Before April 21, 2026)	Virtual Late Fee (After April 21, 2026)	
	CABPS Virtual Rate		
Physician	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$450.00	
Allied Health	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$350.00	
Resident Trainees	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$350.00	
Medical Students	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$325.00	

PHOTO POLICY

CABPS, from time to time, will take photos of Conference delegates for our website, social media platforms, blog, or future promotional material. If you do not wish to have your photograph published, please check the box:

No, please do not publish my photograph on the CABPS Conference platform, website, social media page or blog.

PRE-REGISTRATION REQUIRED FOR THE FOLLOWING EVENTS (✓)	
Breakfast Symposium – Day 1	Yes <input type="radio"/> No <input type="radio"/>
Breakfast Symposium – Day 2	Yes <input type="radio"/> No <input type="radio"/>
Lunch Symposium – Day 1	Yes <input type="radio"/> No <input type="radio"/>
Lunch Symposium – Day 2	Yes <input type="radio"/> No <input type="radio"/>
Concurrent Sessions Friday Afternoon	#1: Medicine <input type="radio"/> #2: Surgical Video Session <input type="radio"/> #3: Allied Health <input type="radio"/>
Concurrent Sessions Saturday Morning	#1: Medicine <input type="radio"/> #2: Surgery <input type="radio"/>
Workshop Saturday Afternoon - Late (Maximum 12 people)	Workshop: Endoscopic Suturing <input type="radio"/>
CABPS Annual General Meeting (Open to CABPS members only)	Yes <input type="radio"/> No <input type="radio"/>
Wine & Cheese Reception*	Yes <input type="radio"/> No <input type="radio"/>
Fun Run/Walk	Yes <input type="radio"/> No <input type="radio"/> I Run <input type="radio"/> Walk <input type="radio"/>
Social Program: Networking Session Thursday Evening	Yes <input type="radio"/> No <input type="radio"/>
[Fees are in Canadian Dollars] – Quebec Resident: 14.975% QST – All other provinces: 5% GST	HST# 848456968
	Sub-Total
	TOTAL

REGISTRATION AND CANCELLATION POLICIES

- Your registration will not be processed until full payment is received.
- Notice of cancellation may be made in writing up to **up to April 21, 2026**. After **April 21, 2026** no refunds will be issued, substitutions only. All substitutions **MUST** be made in writing.
- Confirmation notice of your registration and receipt will be sent to you upon registering online. If you register by mail or fax a confirmation notice will be sent to you within five business days of full payment. If you do not receive your confirmation within this time frame, please contact the Event Registrar at the Conference office at (416) 491-2886 extension 229.
- Advance registrations will be accepted up to **April 21, 2026**.

CLICK HERE TO REGISTER

JOIN CABPS

CHEQUE PAYMENT

When paying by cheque, please make your payment to the **Canadian Association of Bariatric Physicians and Surgeons**. Remember to include the completed form/s with payment. We accept cheque or money order.

***If your register for social events and do not attend, a fee of \$100 will be charged to your credit card.**