



Workshop Registration Form

Please print clearly

Name:

Hospital:

Phone:

Fax:

E-mail (please print clearly):

Mailing address (Must be same as for credit card)

Topic of workshop:

Date of Workshop:

Credit Card information: Visa or Master Card

Card #:

Expiry date:

CCV (3-4 digits on back of card):

Signature of cardholder:

Please fax this form to 519-219-0574

There is a \$200 non-refundable deposit required for all workshops

Please note that communications will come via e-mail, if you are not receiving your e-mails please check your "spam" mailbox.

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