

Program Registration Form

REGISTER ONLINE AT: healthsci.queensu.ca/education/cpd/programs

<input type="checkbox"/> Annual Cardiovascular Symposium	September 29 th , 2017	MD <input type="checkbox"/> \$200 Other Healthcare Professionals <input type="checkbox"/> \$100
<input type="checkbox"/> Pediatrics Update 2017	October 4 th , 2017	<input type="checkbox"/> \$140
<input type="checkbox"/> Nephrology/Urology 2017	October 27 th , 2017	<input type="checkbox"/> \$50
<input type="checkbox"/> Educating Family Physicians in Palliative Care	November 2nd-5th, 2017	Sold Out
<input type="checkbox"/> CBME Conference 2017	November 8 th -9 th , 2017	Optional Dinner <input type="checkbox"/> \$1250 <input type="checkbox"/> \$100
<input type="checkbox"/> Infectious Diseases	November 15 th , 2017	<input type="checkbox"/> \$140
<input type="checkbox"/> Neurology	November 22 nd , 2017	<input type="checkbox"/> \$140
<input type="checkbox"/> Would Care Clinic Day	November 30 th , 2017	<input type="checkbox"/> \$210
<input type="checkbox"/> Interventions for Insomnia: What really works!	December 1 st , 2017	<input type="checkbox"/> \$210

Name	Total amount enclosed: \$
Address	
City	Postal Code
Telephone	Fax (optional)
E-mail	

Profession

- ☐ MD (GP or FP) ☐ MD (Royal College Fellow) ☐ NP ☐ RN ☐ Specialist ☐ Pharmacist ☐ OT ☐ PT
☐ Resident ☐ Other _____

Method of Payment

- ☐ Cheque ☐ Credit Card - ☐ Visa ☐ MC

Please make cheque payable to: "Queen's University CPD Office"

Card number	
Expiry Date:	Amount
Name on Card	
Signature	

- ☐ Check here if you would like your name shared with other conference attendees and sponsors.
☐ Check here if you would prefer to receive CPD program information in electronic format only. Your email address must be provided.

Please fax to 613-533-6642, or mail to: CPD Office, Queen's University, 68 Barrie Street, Kingston, ON K7L 3N6