

## Crossing the Boundaries in Healthcare



# REGISTRATION FORM

### Medication Safety in Ontario Hospitals – June 3, 2008

A medication safety learning forum presented by ISMP Canada at the BMO Institute for Learning  
3550 Pharmacy Avenue, • Toronto (Scarborough), ON • M1W 3Z3

#### Registration

ISMP Canada is taking registration now for the June 3, 2008 medication safety forum 'Medication Safety: Crossing the Boundaries'. **Space is not guaranteed unless payment is received by May 16, 2008.**

#### Cancellation Policy

Notice of all cancellations must be provided in writing by May 27, 2008. A \$30 administration fee will apply to all refunds. Registrants who fail to attend the conference or cancel after the deadline date shall be liable for the entire fee. Substitutions are welcome. ISMP Canada reserves the right to cancel or reschedule a conference.

#### Confirmation

Registration will be confirmed upon receipt of payment.

#### Three Easy Ways to Register

**Fax:** Complete the form below and fax to: 416-733-1146. Credit card payment only.

**Mail:** If paying by cheque or credit card complete the form below and mail together with payment to:

ISMP Canada Conferences  
4711 Yonge Street, Suite 501  
Toronto, Ontario, M2N 6K8

**Online:** [www.ismp-canada.org/conferences](http://www.ismp-canada.org/conferences) Register and pay online using PayPal. Credit card payment only.

For additional registration and program information, please call Sibylle vonGuttenberg at 416-733-3131 x226 or send an email to [conferences@ismp-canada.org](mailto:conferences@ismp-canada.org).

*To register, simply mail, or fax the registration form below, along with payment. \*Please use one form per registrant and attach. PLEASE PRINT CLEARLY.*

Miss       Ms.       Mrs.       Mr.       Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ LHIN: \_\_\_\_\_

Address: \_\_\_\_\_

#	Street	City	Province	Postal Code
---	--------	------	----------	-------------

Email address: \_\_\_\_\_ (to be used for registration confirmation)

#### Payment Information (Please make cheque or money order out to ISMP Canada)

*Additional Registrations: (one method of payment can be used for all registrants from the same organization\*)*

Registration Fee: \$100.00/person (GST included)

Payment Method:  Hospital Cheque     Company Cheque     Personal Cheque     Visa®     MasterCard®

**If paying by Visa/MasterCard**, please provide the following information:

Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

#### For ISMP Canada Use Only:

Payment received: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Confirmation Sent:  Yes  No

Facility Name: \_\_\_\_\_ Participant No: \_\_\_\_\_ Total registrants/facility: \_\_\_\_\_