

Advancing Safe Practices



Saskatoon, Saskatchewan
March 31, 2010 - FMEA Workshop



REGISTRATION FORM

Registration

Registration is now open for the "Advancing Safe Practices" FMEA workshop. **Space is not guaranteed unless payment is received in full one week prior to the event date.**

Cancellation Policy

Notice of all cancellations must be provided in writing one week prior to event date. A \$100 administration fee will apply. Registrants who fail to attend the workshop 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 the workshop.

Confirmation

Registration will be confirmed within 10 days after receipt of payment.

Three Easy Ways to Register

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

Mail: Complete the form below and mail together with payment to:

ISMP Canada Workshops
4711 Yonge Street, Suite 501
Toronto, Ontario, M2N 6K8
(Cheque, Money order or Credit card payment)

Online: www.ismp-canada.org Register and pay online using PayPal. (Credit card payment only)

For additional registration and program information, call 1-866-544-7672 x236 (416-733-3131 x236) or email education@ismp-canada.org.

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

Miss
 Ms.
 Mrs.
 Mr.
 Dr.

First Name: _____ Last Name: _____

Position: _____ Phone: (____) _____

Name of Organization: _____

Address: _____

#	Street	City	Province	Postal Code
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Email address: _____ (to be used for registration confirmation)

Registration and Payment Information: Please make cheque or money order payable to "ISMP Canada". For organizations registering five or more individuals email education@ismp-canada.org for special rates. All prices include GST.

FMEA Workshop – March 31, 2010..... \$ 265.00

Payment Method: Hospital Cheque Personal Cheque Visa® MasterCard®

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

Card No.: _____ Expiry Date: _____ Total Amount: _____

Name of Cardholder: _____ Signature: _____