

First Name:

Incident Analysis Framework:

Train the Trainer Workshop (for PSEP – Canada Trainers)

Friday, October 3, 2014 8:30 a.m. - 4:30 p.m.

Toronto, ON M2N 6K8

Location:

ISMP Canada Medication Safety Learning Centre 4711 Yonge Street (Procter & Gamble building)

How to Register

Online: www.ismp-canada.org Fax: 416-733-1146, Attn: Alice Ho Mail: ISMP Canada, Attn: Alice Ho 4711 Yonge Street, Suite 501 Toronto, ON M2N 6K8

Contact: Alice Ho,

> **Administrative Assistant** Phone: 416-733-3131 ext. 236 Email: aho@ismp-canada.org

REGISTRATION INFORMATION (Please print clearly)

First Name:			Last Name:
Company Name:			
Mailing Address:	Business:		
	Home:		
City:		Province:	Postal Code:
Telephone:		Fax:	
Email (to be used	for registration confir	mation):	
Course Registration Fee \$625 per person* (plu Total payable: \$		er person* (plus a	pplicable taxes) * ISMP Canada reserves the right to cancel or re-schedule the workshop if minimum enrolment is not reached
Method of Pay	ment Cheques are	payable to "ISMF	Canada". Registration must be accompanied by payment.
□ Cheque □	VISA® □ Maste	rcard [®]	
Name of Cardholo	der:		
Credit Card #:			Expiry Date:
Signature:			GST Registration #898242219
signature.			d51 hegistration #050242215







Cancellation Policy: Requests for cancellations or refunds must be submitted in writing to ISMP Canada prior to September 26, 2014. A \$75.00 cancellation fee will apply. Cancellations will not be accepted after September 26, 2014.