



First Name:

ISMP Canada Workshop

Medication safety: Incident analysis and proactive risk assessment

Thursday, January 19, 2017 (8:30 a.m. - 4:30 p.m.) Friday, January 20, 2017 (8:30 a.m. - 1:00 p.m.)

Location:

ISMP Canada 4711 Yonge Street Toronto, ON

The RCA portion of this workshop has been assigned 6.5 CEUs by the Ontario College of Pharmacists.

How to Register

Mail:

Fax: 416-733-1146

Attn: Education ISMP Canada

4711 Yonge Street, Suite 501

Toronto, ON M2N 6K8

Attn: Education

Contact: Phone: 416-733-3131 Ext. 0

Email: education@ismp-canada.org

REGISTRATION INFORMATION (Please print clearly)

Company Name:		
Mailing Address:	Business:	
	Home:	
City:	Provi	nce: Postal Code:
Telephone:	Fax:	
Email (to be used f	or registration confirmation):	
Dietary Restriction	s:	
Total payable:	\$960.50	* ISMP Canada reserves the right to cancel or re-schedule the workshop if minimum enrolment is not reached
Method of Pay	ment Payment must accomp	oany registration. Please make cheques payable to "ISMP Canada".
□ Cheque □	VISA® □ Mastercard®	
Name of Cardhold	ler:	
Credit Card #:		Expiry Date:
Signature:		GST Registration #898242219

Last Name:



Cancellation Policy:

Cancellation requests must be submitted in writing to ISMP Canada at least **7 days** prior to the workshop and are subject to a \$75 cancellation fee. Registration can be transferred to an alternate attendee.