



First Name:

ISMP Canada Workshop

Medication safety: Incident analysis and proactive risk assessment

Thursday, April 6, 2017 (8:30 a.m. - 4:30 p.m.) Friday, April 7, 2017 (8:30 a.m. - 1:00 p.m.)

Location:ISMP Canada
4711 Yonge Street
Toronto, ON

How to Register

Fax: 416-733-1146

Attn: Education

Mail: 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: | Pro | vince: Post | al Code: |
| Telephone: | Fax: | | |
| Email (to be used for registration confirmation): | | | |
| Dietary Restrictions: | | | |
| Total payable: | 5960.50 | * ISMP Canada reserves the right workshop if minimum enrolme | |
| Method of Payment Payment must accompany registration. Please make cheques payable to "ISMP Canada". | | | |
| □ Cheque □ | VISA® □ Mastercard® | | |
| Name of Cardhold | er: | | |
| Credit Card #: | | Ехрі | ry 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.