



ISMP Canada Workshop

Medication safety: Incident analysis and proactive risk assessment

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

First Name:		Last Name:	
Company Name:			
Mailing Address:	Business:		
	Home:		
City:	Provinc	ee: Postal Code:	
Telephone:	Fax:		
Email (to be used t	for registration confirmation):		
Dietary Restriction	ns:		
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 accompa	ny registration. Please make cheques payable to "ISMP Canada".	
☐ Cheque ☐	VISA® ☐ Mastercard®		
Name of Cardholo	der:		
Credit Card #:		Expiry Date:	
Signature:		GST Registration #898242219	

Cancellation Policy:

Notice of all cancellations must be provided in writing at least 7 days prior to the event. A \$75 administration fee will apply to all refunds. There are no refunds for registrants who cancel after the cancellation deadline.



Registrants may postpone attendance to a future workshop however a \$75 administration fee will apply if notice of postponement is received less than 7 days prior to the event.

ISMP Canada reserves the right to cancel or reschedule workshops. In the event of a cancellation, fees paid will be credited towards a future workshop, or fully refunded.