



First Name:

ISMP Canada Workshop

Medication safety: Incident analysis and proactive risk assessment

Thursday, November 8, 2018 (8:30 a.m. - 4:30 p.m.) Friday, November 9, 2018 (8:30 a.m. - 1:00 p.m.)

Location:

ISMP Canada 4711 Yonge Street, Suite 501 Toronto, ON M2N 6K8

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@ismpcanada.ca

REGISTRATION INFORMATION (Please print clearly)

Company Name:			
Mailing Address:	Business:		
	Home:		
City:	Pr	ovince:	Postal Code:
Telephone:	Fa	X:	
Email (to be used t	or registration confirmation	ո)։	
Dietary Restriction	s:		
Total payable:	\$960.50		* To register for Day 1 only, contact education@ismpcanada.ca
Method of Pay	ment Payment must acco	ompany regi	stration. Please make cheques payable to "ISMP Canada".
☐ Cheque ☐	VISA® □ Mastercard®		
Name of Cardholo	der:		
Credit Card #:			Expiry Date:
Signature:			GST Registration #898242219

Last Name:

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.