

# Registration Form: Palliative Care for the Non-Specialist

## Registration by Fax

To register by fax and pay by credit card, please complete this registration form, including credit card information and fax to:

416.946.7028

## Registration by Mail

To register by mail, please complete this registration form and mail with your cheque or credit card information to:

Office of Continuing Education and Professional Development  
Faculty of Medicine, University of Toronto  
500 University Avenue, Suite 650, Toronto, Ontario M5G 1V7

Enclosed please find cheque for \$ \_\_\_\_\_ (Canadian funds) payable to the University of Toronto.

**Note:** Postdated cheques will not be accepted.

## Receipts of Payment

Receipts of payment are issued by e-mail only.

## Personal Information - Please Print

\_\_\_\_\_  
Title First Name Last Name

## E-mail (please provide in order to receive your receipt)

\_\_\_\_\_  
Address (please check either  Home or  Business)

\_\_\_\_\_  
City Province/State Postal/Zip Code

\_\_\_\_\_  
Business Telephone Home Telephone Fax

\_\_\_\_\_  
Hospital/Facility Specialty/Type of Practice

\_\_\_\_\_  
Professional Designation School of Professional Degree Year of Graduation

\_\_\_\_\_  
CFPC Membership ID # RCPSC Membership ID #

Your college membership number is requested due to an arrangement with the Royal College of Physicians and Surgeons of Canada, The College of Family Physicians of Canada and the Office of CEPD, Faculty of Medicine, University of Toronto to provide automatic electronic transfer of continuing education credits to your college maintenance of certification profile.

## Credit Card Information

If paying by credit card, complete the information below. Credit card payments are processed in Canadian funds and converted by your bank at the current rate of exchange.

VISA \_\_\_\_\_  
Card Number Expiry Date

MasterCard \_\_\_\_\_  
Cardholder Name CID/CVV #

American Express \_\_\_\_\_  
Total Amount Authorized Signature

## Registration Fees

UHN Staff (TGH, TWH, PMH) ..... \$25 CAD  
Non-UHN Staff ..... \$75 CAD  
Postgraduate Residents (with proof of status) ..... \$ 0 CAD

**Enrolment is limited.** Please do not make travel arrangements until registration confirmation is received.

## Workshop Session Selections

Registrants have the opportunity to attend two of the following Workshop Sessions. Please indicate your choices in order of preference. Workshop Session A: Workshop Session B:

\_\_\_\_\_ Opioid Rotation \_\_\_\_\_ Opioid Rotation  
\_\_\_\_\_ Cultural Issues \_\_\_\_\_ Cultural Issues  
\_\_\_\_\_ Edema and Ascites \_\_\_\_\_ Edema and Ascites  
\_\_\_\_\_ Nutrition/Hydration/Cachexia \_\_\_\_\_ Nutrition/Hydration/Cachexia  
\_\_\_\_\_ Communication \_\_\_\_\_ Communication  
\_\_\_\_\_ Understanding PPS/ESAS Scores \_\_\_\_\_ Understanding PPS/ESAS Scores