

Fundamentals of Hospice Palliative Care

ALL PORTIONS OF THIS FORM MUST BE COMPLETED (Please print)

**Registration Deadline is
three weeks before start date**

Organizers reserve the right to cancel for any reason.

Participant Information:

Name:

First Name

Last Name

Street Address:

City:

Postal Code:

Primary Phone:

Email Address:

(required)

(required)

Health Discipline: RN RPN PSW/HCA Clergy Dietician Social Worker Volunteer Pharmacist

Other (Specify) _____

Employer Information

Employer Name:

Street Address:

City:

Postal Code:

Employer Phone:

The Fundamentals Course Information

Day of the Week _____ Start Date _____

Payment Information:

\$40.00 Course Fee (Payable upon registration)

Payment **must be received** before enrolment

At this time, we are only able to accept credit card
payments sent via fax:

1-905-228-1019

(be sure to add the long distance "1" as this is a Niagara Number)

We apologize for any inconvenience this may cause.

**Registration deadline:
3 Weeks Prior to Start!**

To Pay by Credit Card:

Fax completed form to Niagara at 1-905-228-1019

Attention: Carol Scott

Visa Master Card American Express

Card # _____ - _____ - _____ - _____

Expiry Date ____/____ CVV# _____

Total Amount \$ _____

Signature _____

**** Cancellation Policy:** Registration fee is non-refundable for all cancellations received less than 7 calendar days prior to initial start

For additional information contact: Carol Scott, HPC Administrative Assistant 1-866-790-4642 x3432 or email carol.scott@hccontario.ca

Please call or email Carol Scott if you DO NOT receive a confirmation email at least 2 weeks prior to start date!