

Enhanced Pain Management

Refer to flyer for
Registration Deadline

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

Organizers reserve the right to cancel for any reason.

Participant information:

Name:

First Name

Last Name

Street Address:

City:

Postal Code:

Primary Phone:

(required)

Email Address:

(Only one email)

Health Discipline: RN RPN NP

Employer Information:

Employer Name:

Street Address:

City:

Postal Code:

Employer Phone:

Enhanced Pain Management

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:
Refer to Flyer**

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 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 at the above contact information if you DO NOT receive a confirmation email at least 2 weeks prior to start date!