

Introductory Workshop
March 2nd and 3rd, 2018

Registrant:

Title: Dr. Mr. Mrs. Ms.

Name: _____

Payment:

Cheque Enclosed Visa

Already paid online MasterCard

Card Number

Expiry: Month Year

Three digit security code (back of card). Appears after and to the right

of your card number.

Amount authorised or paid: \$ _____

Cheques payable to CSCH-OD
 (No post-dated cheques please.)

Mail to:

CSCH-OD Introductory Workshop
2321 Av. Regent,
Montreal, QC, H4A 2R2

To benefit from the early bird price, both the completed registration form and payment must be received no later than 5 p.m. on the day of the deadline.

Enrollment may be limited, so please submit your registration application as soon as possible.

CSCH-OD Introductory Workshop

Registration Form

Email Address (required): _____

Mailing Address: _____

This is my: home address office address

Phone number: _____ Highest degree: _____

I want to be in the: psychotherapy stream medical stream

Check and complete the details for only one:

I am a licensed, registered professional:

I am a member in good standing of the college _____
 (e.g. CPSO, CFPC, CPO, OCSWSSW, CRPO, CNO, etc.)

Registration/license number _____

I am a student or medical resident. I have read the eligibility requirement on the web site and I am eligible for the student rate. I have attached proof of my current enrollment.

Course and school _____

Graduation/completion date: _____

I confirm the accuracy of the information provided. _____

Registrant's signature

Unfortunately, we cannot accommodate everyone's dietary needs: a typical lunch might be sandwiches, soup and dessert with vegetarian selections available.

Please indicate any food allergies
 (Please specify):

