

**Introductory Workshop
Toronto, Ontario
October 16 & 17, 2020**

Registrant:

Title: Dr. Mr. Mrs. Ms.

Name: _____

Payment:

Cheque Enclosed

Already paid online

Virtual Terminal payment option:

Visa MasterCard

Card Number

Expiry: Month Year

Three digit security code (back of
card).

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 6 p.m. on
September 14, 2020.

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

Registration Form

Email Address (required): _____

Mailing Address: _____

This is my: home address office address

Phone number: _____ Highest degree: _____

I qualify for member's rate because I belong to CSCH, CFCH, SCEH or ASCH.
Please circle the applicable Society and provide your membership number: _____

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. OCSWSSW, CPO, CFPC, CNO, CRPO, etc.)
Registration/license number _____

or

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 specify any food allergies:

