

11th Annual Technicians in Action Conference REGISTRATION FORM

- Costs are \$50 for CAPT members and \$55 for all others.
- Registration and payment accepted until April 09, 2009.
- Registration is non-refundable.
- NSF charges will apply.
- **Please copy this form for your records.**

You may pay by:

- Cost centre (LHSC registrations only)
- Cheque - post dated cheques are not accepted
- Credit card (American Express, MasterCard, VISA)

For cheque and credit card payments:

- Write in your credit card information if using that method.
- Make cheque payable to: LHSC – Pharmacy Services

• **Send or Fax registration** with credit card information or cheque to: Krista Ryan

Pharmacy Services, Victoria Hospital
London Health Sciences Centre
800 Commissioners Road East,
PO Box 5010
London, ON N6A 4G5
Phone: 519-685-8500 ext:52037
Fax: 519-685-8604

Name: _____

Address: _____

Email: _____

Are you a CAPT member: Yes (\$50 fee) No (\$55 fee)

How did you find out about the conference? _____

Type of Practice: Community Hospital

Name of Pharmacy: Shoppers DRUGStore Pharmacy Rexall PharmaPlus
 Walmart Pharmacy Zellers Pharmacy
 Other Pharmacy: _____

Name of Hospital: Bluewater Health Chatham-Kent Health Alliance
 Grey Bruce Health Services London Health Sciences Centre
 St. Joseph's Health Care, London St. Thomas Elgin General Hospital
 Stratford General Hospital Strathroy Middlesex General Hospital
 Woodstock General Hospital (Middlesex Hospital Alliance)
 Windsor Regional Hospital/Hotel Dieu
 Other Hospital: _____

Payment method: Cost centre (LHSC registrants only)
 Cheque (print this form and send to Krista Ryan at the address above)
 Credit Card (print this form and fax to 519-685-8604 LRCP Pharmacy)

Card Type: American Express MasterCard VISA

Name as displayed on the Card: _____

Expiry Date: MONTH _____ YEAR _____

CARD NUMBER: _____

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