



**COMPREHENSIVE PALLIATIVE CARE
PAIN ASSESSMENT AND MANAGEMENT**

REGISTRATION FORM

Advance registration is required — spaces are limited!

FEE SCHEDULE:

Includes light refreshment, certificate of attendance, and copy of the Pallium Palliative Pocket Book for all who attend workshop.

Regular Rate:
\$15

Network Members:
\$10

Please check membership status prior to submitting payment.

**Registration Deadline:
Friday April 3rd 2015**

Payment must be received prior to closing date

Registration can be mailed with payment or emailed/faxed with credit payment

Call our office: 705 325 0505 or email Karen Kelly: karen@nsmhpcn.ca

Tuesday, April 14, 2015

Georgian Bay Retirement Home, 7 Harriet Street, Penetanguishene

Wednesday, April 15, 2015

Hospice Simcoe, 336 Penetanguishene Road, Barrie

Personal Information (please complete in BLOCK CAPITALS)

Full Name					
Address #, street					
Town/City, Province, Postal Code					
Email Address	confirmation details will be sent to this address.			I consent to having my email added to the NSMHPCN mailing list for future communications	
				Y	N
Phone Number					
Agency/Organization					
Discipline/Role	RPN		PSW		CHAPLAIN
	RN		MD		THERAPIST
	NP		SW		VOLUNTEER
				ADMIN	OTHER (indicate below)
Please indicate any special requirements to help us meet your accommodation and inclusions needs for this event, prior to the closing date, Friday, April 3 rd , 2015					

I am registering for	Please confirm membership status prior to submitting payment.			
	Tuesday, April 14, 2015 Penetanguishene		Wednesday, April 15, 2015 Barrie	
PAYMENT: Must be submitted with registration	RR: \$15		RR: \$15	
	NM: \$10		NM: \$10	
I confirm total payment has been made (please check method)	Cash or Cheque enclosed (payable to NSMHPCN)			
	I have made payment via Visa/Mastercard: Call office (705 325 0505) to process			
<i>Office Use Only:</i> Payment processed		I wish to pay by credit card – details below		

Credit Card Details	Visa		Mastercard	
	Name on card			
	Credit card #			
<i>For office use only</i>	Expiry Month/Year			
<i>Date processed</i>	Signature			
<i>Authorization #</i>	Date			

Mail to: NSMHPCN, 169 Front Street South, Orillia, ON, L3V 4S8
 Fax: 705 325-7328 Email: karen@nsmhpcn.ca
Payment must be made prior to the registration deadline.
Cancellation policy: Refunds cannot be issued after Friday, April 3rd, 2015, however places can be substituted for another attendee at this event.