**North Simcoe Muskoka Hospice Palliative Care Network**

**Education Enrollment Form**

**Contact Information:**

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| **Name:** Enter text | **Email Address:** Enter text | Telephone: Enter text |
| **Address:** Street # Street City Province Postal Code :Enter text  |
| **Primary Language:** [ ] EN [ ] FR Other: Enter text |
| **Organization:** Enter text  | **Discipline:** Enter text |

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| [ ] Cheque (made payable to North Simcoe Muskoka Hospice Palliative Care Network)  |
| [ ] E-Transfer |
| [ ] Cash |

**Course Selection: Method of Payment:**

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| [ ]  APPS $60 |
| [ ] CAPCE $400 |
| [ ] Fundamentals $60 |
| [ ] LEAP $200/$250 |
| [ ] OTHER: Enter text |

**NSMHPCN Education Registration Terms:**

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| Welcome to the NORTH SIMCOE MUSKOKA HOSPICE PALLIATIVE CARE (NSMHPCN) website. Courses and Conferences are accessed through online registration. The terms and conditions hereunto govern material submitted by you to us.1. **Event Registration**
	* Online registrants have the following payment options:
		+ Visa, Mastercard and Visa-Debit
		+ Cheques made payable to **NORTH SIMCOE MUSKOKA HOSPICE PALLIATIVE CARE NETWORK**
		+ Electronic Funds Transfer
		+ Cash
	* Event attendees will receive confirmation after submitting the registration; a payment receipt will be sent by email following full payment. Only those attendees who have completed registration and have paid fully will be able to attend event unless previous financial arrangements have been made with NSMHPCN.
2. **Event Cancellation**
	* Full event registrations are refundable if submitted in writing to hema@nsmhpcn.ca a minimum of two weeks prior to the event. Registrations and cancellations received during the two weeks leading up to the event are not refundable. Refunds will be issued within 30 days of the cancellation date. All refunds will be issued back in the original payment type.In the event you are not able to attend your scheduled course, please email hema@nsmhpcn.ca one week prior to course date to re-schedule to an upcoming course, if no email is received stating that you are not able to attend your course, you will not be eligible to switch courses and your payment will be null and voided.
3. **Event Substitution**
	* In the event you are not able to attend your scheduled course, please email Hema at hema@nsmhpcn.ca one week prior to course date to re-schedule to an upcoming course, if no email is received stating that you are not able to attend your course, you will not be eligible to switch courses and your payment will be null and voided.
4. **Privacy**
	* Your personal information entered during the registration process is protected under PIPEDA and is not used or disclosed for purposes other than those for which it was collected.
	* Email addresses are not collected or distributed to any outside sources and are only added to the NSMHPCN mailing list with your consent.
	* Credit card information is protected and kept safe during your online transaction. Credit card information is not stored after your transaction is complete.
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**By signing below, I confirm that I have read and understand the NSMHPCN Education Registration Terms outlined above.**

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| **Signature: (Initial if emailing form)**Initial | **Date:** |