

## Palliative Pain & Symptom Workshop

### Registration Information

Name: \_\_\_\_\_ Site: \_\_\_\_\_

Title: \_\_\_\_\_ Workplace: \_\_\_\_\_  
(RN, LPN, etc.) (acute, homecare, etc.)

Email: \_\_\_\_\_ Manager: \_\_\_\_\_

- Workshop Date:
- |   |  |
|---|--|
| <input type="checkbox"/> <del>January 17, 2017</del>  | <input type="checkbox"/> <del>July 18, 2017</del> <b>Cancelled</b>   |
| <input type="checkbox"/> <del>February 16, 2017</del> | <input type="checkbox"/> <del>August 15, 2017</del> <b>Cancelled</b> |
| <input type="checkbox"/> <del>March 14, 2017</del>    | <input type="checkbox"/> September 12, 2017                          |
| <input type="checkbox"/> <del>April 25, 2017</del>    | <input type="checkbox"/> October 17, 2017                            |
| <input type="checkbox"/> <del>May 30, 2017</del>      | <input type="checkbox"/> November 21, 2017                           |
| <input type="checkbox"/> June 20, 2017                | <input type="checkbox"/> December 13, 2017                           |

Please email your completed registration form to:  
[info.ezpcp@ahs.ca](mailto:info.ezpcp@ahs.ca)

Due to high demand, if you are unable to attend the workshop, please cancel at least one week prior by emailing  
[info.ezpcp@ahs.ca](mailto:info.ezpcp@ahs.ca)

