

Palliative Pain & Symptom Workshop

***All areas of the registration form must be complete**

Registration Information

Name:	_____	Site:	_____
Title: (RN, LPN, etc.)	_____	Workplace: (Acute, Home Care, etc.)	_____
Email:	_____	Manager:	_____
Workshop Date:	<input type="checkbox"/> January 22, 2019	<input type="checkbox"/> June 11, 2019	
	<input type="checkbox"/> February 20, 2019	<input type="checkbox"/> September 4, 2019	
	<input type="checkbox"/> March 19, 2019	<input type="checkbox"/> October 1, 2019	
	<input type="checkbox"/> April 17, 2019	<input type="checkbox"/> October 29, 2019	
	<input type="checkbox"/> May 15, 2019	<input type="checkbox"/> November 27, 2019	

Please email your completed registration form to:

info.ezpcp@ahs.ca

Due to high demand and long waitlists, if you are unable to attend the workshop, please cancel at least one week prior by emailing: info.ezpcp@ahs.ca

