

Promoting safe medical care: Medical-legal essentials for physician leaders

Please complete information below

1. Participants Information:

Name: _____

Address: _____

Postal Code: _____

Telephone: _____

Email: _____

Are you a CMPE Member? Yes/No: _____

Dietary Restrictions/Allergies: _____

2. Acknowledgements

Registration must be completed and submitted no later than October 17th, 2019. Cancellation after the 17th of October will be subject to a \$100.00 cancellation fee.

Please reply Yes/No to acknowledge cancellation fee: _____

If you have any questions concerning this workshop and would like to confirm your registration, please contact the following:

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OR Physician.Education@northernhealth.ca