



DRUG THERAPY DECISION MAKING COURSE REGISTRATION - 2011

Space is limited so register early to assure a spot and save on fees!

Please print or type Dr. Mr. Ms. Mrs. (please circle one)

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____ Postal or Zip Code _____

City _____ Province or State _____

(_____) _____ (_____) _____
Daytime Telephone Number Fax Number

Email _____

I am a ☐ Family Physician ☐ Pharmacist ☐ Nurse Practitioner ☐ Naturopathic Physician ☐ Specialist
☐ Other _____

I am a ☐ Student/Resident. Please specify: ☐ Family Practice ☐ MSI ☐ Pharmacy ☐ Nurse Practitioner

- *Students/Residents must provide a qualifying letter from your program director confirming your status*
- *Space is limited for all Students/Residents*

TUITION FEES for the DRUG THERAPY COURSE Friday, April 1 and Saturday, April 2, 2011 Fairmont Waterfront Hotel 900 Canada Place Way, Vancouver, BC

- ☐ Early Fee: To February 15, 2011 = \$495
 - ☐ Mid Fee: February 16 - March 15, 2011 = \$515
 - ☐ Late Fee: March 16 - March 28, 2011 = \$535
 - ☐ After March 28, 2011 participants must call for registration availability - Onsite Fee: \$625.
- Onsite registration is not guaranteed, upon availability only.

☐ All Students & Residents: \$250 Spaces are limited.

Fees for the 2-day Drug Therapy Course include course material, morning and afternoon coffee breaks and lunches. Registration forms must be received by fax or mail in the administration office by the deadline date for fees to be honoured. Seating is limited. Thank you.

Payment by: ☐ Cheque made payable to Drug Therapy Course

☐ Visa ☐ MasterCard

Card # _____ Expiry Date ____/____/____

3-digit verification code (on back of card) _____

Name on Card _____

Signature _____

Amount Authorized \$ _____

Mail or fax your registration with payment in full to:

Drug Therapy Course

c/o Portfolio Conference Planning

1383 Homer Street, Vancouver, BC V6B 5M9

Tel: 604 685 4888 Fax: 604 685 5787

Email: registration@portfolio-inc.com

OFFICE USE ONLY:

DT Course \$ _____

Total \$ _____

Waitlist: Y N

Pay Form: CC CK B# _____

CK# _____ Amt \$ _____

Date Processed: _____

Refund & Cancellation Policy

A refund will be made, less \$150 processing fee, if written notice of withdrawal is received by February 28, 2011. No refunds will be granted for withdrawal after this date.

A confirmation receipt & information package will be mailed to you prior to the course. If you do not receive a confirmation receipt please call our office to ensure you are registered. Thank you.