

Back to School

with THOMSON, ROGERS
in collaboration with Toronto ABI Network

2013 CONFERENCE - Hospital to Home: Working Collaboratively

REGISTRATION FORM

SPACE IS LIMITED, PLEASE REGISTER EARLY. Registrations will be confirmed (by e-mail where possible) upon receipt of payment. Please complete a copy of this form for every delegate.

Thursday, September 12, 2013 • Four Seasons Hotel Toronto, 60 Yorkville Avenue, Toronto, ON

REGISTRATION FEE: \$100.00* All proceeds from this conference will be donated to Toronto ABI Network.

*Registration includes Continental breakfast, lunch, cocktail reception and printed conference material. A Certificate of Attendance will be included in the delegate package.

DELEGATE REGISTRATION INFORMATION

Please print clearly.

Name: _____

Position: _____ Organization: _____

Address: _____

City: _____ Province/State: _____ Postal Code/Zip Code: _____

Phone: _____ Ext: _____ E-mail: _____

Confirmation Notice and Receipt: (If different from email provided above) _____

FOR REGISTRATION INFORMATION CONTACT: Karen Allison 416-597-3057 | info@abinetwork.ca

Complete the following and fax your completed registration form to 416-597-7021 or mail to Toronto ABI Network at the address below.

PAY by CHEQUE
or MONEY ORDER

PAY by: VISA MC AMEX

Please make cheque/money order
payable to:

"University Health Network in trust for
Toronto ABI Network"

Send your payment with this completed
registration form to:

Toronto ABI Network
c/o Karen Allison
520 Sutherland Drive
Toronto, ON M4G 3V9

Please charge \$ _____ to the following card.

Card #: _____ EXP: _____

Cardholder Name: _____

Signature: _____

(Registration will not be processed without a valid credit card holder signature)

No refunds will be provided. Registration substitution may be accommodated.

