AFFIRMING AN ETHIC OF CARE: Where Quality and Compassion Meet
Friday, October 1, 2010

REGISTRATION FORM

FEE: (Includes Lunch and Breaks)

☐ **$150.00 Regular** ☐ **$75.00 Reduced**
Seniors, Full-Time Students, CHAO Conference Registrants, CCE Affiliates[1] (see brochure for listing)

NAME: _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

ORGANIZATION/HOSPITAL AFFILIATION: _____

E-Mail: _____ **PHONE:** _____ **FAX:** _____

Please make cheque payable to Centre for Clinical Ethics and forward with registration form to: Centre for Clinical Ethics, St. Joseph's Health Centre, 30 The Queensway, Toronto, Ontario, M6R 1B5 Telephone: (416) 530-6750 Fax: (416) 530-6621

Registration Deadline - September 24, 2010

----✂-------✂-------✂-------✂-------✂-------✂-------✂-------✂-------✂-------✂-------✂-------✂-------✂-------✂-------✂----