



ACMDTT Course Registration Form

APPLICANT INFORMATION:

Member (ACMDTT #: _____) Non-Member

Full Name: _____ Specialty: _____

Address: _____

Daytime Phone #: _____ e-mail: _____

COURSE:

Heightening Professional Boundaries (*can be used for a maximum of 4 CCP hours*)

OH & S in the Health Care Environment (*can be used for a maximum of 4 CCP hours*)

METHOD OF PAYMENT:

VISA M/C Cheque Other: _____

If paying by credit card, please complete the following:

Card #: _____ Expiry Date: _____
(mm/yy)

Name on Card: _____ Signature: _____

FOR OFFICE USE:

Course	Member Price	Non-Member Price	Total Paid
Heightening Professional Boundaries	\$65 + GST	\$95 + GST	
OH&S in the Health Care Environment	\$85 + GST	\$115 + GST	
		Total (CDN)	