

Advanced Cardiac Life Support (ACLS) Re-certification Registration Form

Participant Name: _____

Please note: this name will appear
on your certificate of completion.

First

Middle

Surname

Address: _____

Street

Suite No.

City

Province

Postal Code

Country

Telephone: _____

Fax: _____

E-Mail: _____

Course Location:

North York General Hospital
4001 Leslie Street, Toronto, ON M2K 1E1

Course Date:

**Friday, September 24 &
Saturday, September 25, 2010**

Registration Fee: \$500 CAD + tax

Please select one:

Cheque

Visa

MasterCard

Card Number

Exp. Date

Card Holder's Name

Signature X _____

I agree to pay the above Course Fees according to the card issuer agreement. Payments will be applied on the indicated dates to the credit card provided

Please make cheques payable to the Toronto Implant Institute Inc.

Mail to:

Toronto Implant Institute Inc.

2206 Eglinton Avenue East, Suite 124
Toronto, ON M1L 4S7

Attn: Linda To

Phone:

416-566-9855

Fax:

416-285-1385

Email:

linda@ti2inc.com

The Toronto Implant Institute Inc. has been designated an approved Program Provider by the Ontario constituent of the Academy of General Dentistry. This Program Provider's formal CDE programs are accepted by the AGD for membership maintenance, Fellowship and Mastership credits. The current term of approval extends from December 1, 2008 to November 30, 2011.

Refunds/Cancellations: Refunds less an administration fee will be made if notice of withdrawal is given in writing four weeks before commencement of program. No refund after commencement or no show.