Registration (OB Malpractice)

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____Phone:_____

Email: _____

***Confirmation of registration will be sent by email*

Profession: [ ] Ob/Gyn [ ] Lawyer [ ] Family Doctor

[ ] NP [ ] Nurse [ ] Midwife [ ] Resident [ ] Other:_____

If paying by credit card, please complete credit card information and fax to:
FAX # (416) 586-5958 [ ] Visa [ ] MasterCard

Card # : _____ _____ _____ _____

Expiry Date: _____ _____

Name on Card: _____

Signature: _____

If paying by cheque, please complete form and make cheque payable to **OBS/GYN Associates** and mail to: CME – Dept. of Ob/Gyn,
Mount Sinai Hospital,
700 University Ave. 8th Flr., Rm 8-934,
Toronto, Ontario M5G 1Z5

Registration Fees (Canadian $)

	Before December14	After December 14
ObGyns & Lawyers	$250 + HST = $**282.50**	$300 + HST = $**339.00**
Family Physicians	$200 + HST = $**226.00**	$225 + HST = **$254.25**
Nurses / NPs	$150 + HST = $**169.50**	**$**175 + HST = **$197.75**
Fellows/Residents	$100 + HST = $**113.00**	**$**125 + HST = **$141.25**

Obstetrics & Gynaecology
UNIVERSITY OF TORONTO

To register for this program or to view other courses
organized through the Department of Obstetrics & Gynaecology

www.mountsinai.on.ca/cme/

Obstetrical Malpractice
A Survival Guide for 2017

Saturday, January 21, 2017

Sadowski Auditorium
Mount Sinai Hospital
600University Ave.
Toronto, Ontario