

# WEBINAR

## REGISTRATION FORM

### Drug Interaction Pairs Associated with an

### Increased Likelihood of Hospitalization: A Review of the Evidence

Drug interactions can lead to serious adverse patient outcomes. A number of population based studies have demonstrated significant associations between specific drug interactions and hospitalizations. This is a new development in determining the clinical impact of specific drug interactions. This [webinar](#) will review these studies and discuss some potential strategies in applying the evidence to prevent hospitalizations due to these specific drug interactions.

- Cost:**  Webinar only \$95 (per telephone connection plus applicable HST/GST)<sup>1</sup>  
 Webinar plus DVD \$174 (per telephone connection plus applicable HST/GST)<sup>1</sup>  
 DVD only \$95 + (plus applicable HST/GST)

**Date:** **December 14, 2011**

**Time:** 9:00 am – 10:00 am PST  
10:00 am – 11:00 am MST  
11:00 am – 12:00 pm CST  
12:00 pm – 1:00 pm EST  
1:00 pm – 2:00 pm AST  
1:30 pm – 2:30 pm NST

**Speaker:** **Roger Cheng, RPh, BScPhm, PharmD.**

#### Three Easy Ways to Register/Pay:

**Fax:** Complete the form below and fax to: 416-733-1146. Credit card payment only.

**Mail:** If paying by cheque or credit card complete the form below and mail together with payment to:  
ISMP Canada  
4711 Yonge Street, Suite 501  
Toronto, Ontario, M2N 6K8

**Online:** [www.ismp-canada.org](http://www.ismp-canada.org) Register and pay online using PayPal. Credit card payment only.

**Confirmation:** Registration will be confirmed within 10 days of receipt of payment

Miss  Ms.  Mrs.  Mr.  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

# Street City Province/State Postal Code/ZIP Code

Email address: \_\_\_\_\_

**Payment Method:**  Hospital Cheque  Personal Cheque  Visa®  MasterCard®

**If paying by Cheque or Money Order** please make payable to “ISMP Canada”

**If paying by Visa/MasterCard**, please provide the following information: Cost (from above): \_\_\_\_\_

Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ HST/GST<sup>1</sup>: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_ **Total Amount:** \_\_\_\_\_

<sup>1</sup> Please add applicable tax (i.e. GST or HST) at the rate in effect in the province of your place of business.