



WEBINAR - Registration Form

Patients Play an Important Role in Improving Medication Safety: *Insights from ISMP Canada’s Consumer Reporting and Learning Program, SafeMedicationUse.ca*

This webinar will provide healthcare professionals with information about ISMP Canada’s consumer reporting and learning program, SafeMedicationUse.ca. Participants will learn about incidents reported voluntarily by consumers to SafeMedicationUse.ca and the value of including consumers in efforts to improve the safety of care. Participants will learn about reports received through SafeMedicationUse.ca that have led to recommendations on steps that consumers as well as healthcare professionals can take to reduce the occurrence of harmful medication incidents.

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

Date: **Wednesday, July 18, 2012**

Time:

9:00 am – 10:00 am	PDT
10:00 am – 11:00 am	MDT
11:00 am – 12:00 pm	CDT
12:00 pm – 1:00 pm	EDT
1:00 pm – 2:00 pm	ADT
1:30 pm – 2:30 pm	NDT

Speaker: **Jennifer Turple** - ISMP Canada, Consultant Medication Safety Specialist

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 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/GST¹: _____

Name of Cardholder: _____ Signature: _____ **Total Amount:** _____

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