



The Ottawa Hospital Continuing Education
REGISTRATION FORM

**Plant Based Biomaterials for Tissue Engineering - Maximizing the Medical History -
A Mom's Journey Raising a Child with Special Needs - Respiriology-Obstructive Sleep Apnea,
COPD, Hospital Acquired Pneumonia**

Friday, February 23, 2018

Ottawa Hospital Paterson Amphitheatre Civic Campus

8:30 am – 3:30 pm

(Registration 7:45 am – 8:20 am)

~ Includes light lunch ~

(Please Print Clearly)

Fees: Dentist \$115.00 _____
Auxiliary \$60.00 _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (Bus) _____ (Other) _____

Method of Payment: (Check one) Cheque _____ Visa _____ Mastercard _____

(Please make cheque payable to: THE OTTAWA HOSPITAL DENTISTRY FUND)

Amount: \$ _____ Credit Card #: _____ Expiry Date: _____

Please mail (with cheque) or fax your registration to:

**Continuing Education
The Ottawa Hospital Dental Clinic
1053 Carling Avenue, Ottawa, ON K1Y 4E9
Phone 613-761-4084 ~ Fax 613-761-5134**

Thank you for supporting hospital dentistry in Eastern Ontario

~ NO REFUNDS ~