

CBT-I Advanced Training Workshop Registration Form

Please complete the information below and mail/fax to the
Sunnybrook Academic Family Health Team

Dates: Wednesday, March 27 & Thursday, March 28, 2019

Venue: Sunnybrook Health Sciences Centre

1. Participant information

Please note that the name and title you provide will be printed on your badge.

First Name: _____ Last Name: _____

Title: _____

Organization: _____

Address: _____

Postal Code: _____ City: _____

Telephone: _____ Email: _____

Dietary Restrictions (if any): _____

2. Workshop Fee

Two-day workshop. Fee includes continental breakfast and lunch each day.

Early-bird rate (Deadline: February 22, 2019): \$345 (no HST required)

Regular rate (Deadline: March 6, 2019): \$385 (no HST required)

3. Payment

Cheque Please make cheque payable to Sunnybrook Family Practice Partners. Mail with registration form to the Sunnybrook Academic Family Health Team.

Credit Card (Visa/Master Card)

To pay by credit card, please call 416-480-4585 and select option #2.

No refunds. Registrations are transferable up to March 6, 2019. Please contact jennifer.capell@sunnybrook.ca.

Date: _____

Signature: _____