

# Registration Form: MSK Focus - FCM 1055

## Registration by Fax

To register by fax and pay by credit card, please complete this registration form, including credit card information and fax to:

416.971.2200

## Registration Fees

Full Fee .....\$900 CAD

**Enrolment is limited.** Please do not make travel arrangements until registration confirmation is received.

## Registration by Mail

To register by mail, please complete this registration form and mail with your cheque or credit card information to:

Office of Continuing Education and Professional Development  
Faculty of Medicine, University of Toronto  
500 University Avenue, Suite 650, Toronto, Ontario M5G 1V7

Enclosed please find cheque for \$ \_\_\_\_\_ (Canadian funds) payable to the University of Toronto.

**Note:** Postdated cheques will not be accepted.

## Receipts of Payment

Receipts of payment are issued by e-mail only.

## Personal Information - Please Print

Title First Name Last Name

## E-mail (ALL course communications will be conducted via e-mail, please provide your preferred address)

Address (please check either  Home or  Business)

City Province/State Postal/Zip Code

Business Telephone Home Telephone Fax

Hospital/Facility Specialty/Type of Practice

Professional Designation School of Professional Degree Year of Graduation

CFPC Membership ID # RCPSC Membership ID #

Listing of CFPC / RCPSC Membership ID # is optional. This information is requested for electronic reporting of learning credits.

## Credit Card Information

If paying by credit card, complete the information below. Credit card payments are processed in Canadian funds and converted by your bank at the current rate of exchange.

VISA Card Number Expiry Date

MasterCard Cardholder Name CID/CVV #

American Express Total Amount Authorized Signature