REGISTRATION FORM

Last name | First name | Job Title
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Institution, Department

Participant Type (check one):

- Physician
- Medical Resident
- Nurse
- Physical Therapist
- Occupational Therapist
- Other __________________________

Mailing Address

Email | Phone number
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Tuition Type

<table>
<thead>
<tr>
<th>CPSO Member</th>
<th>$4,550 plus GST</th>
<th>(check one)</th>
</tr>
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<tbody>
<tr>
<td>Non-CPSO</td>
<td>$5,250 plus GST</td>
<td></td>
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Membership Number:

Payment can be made online at time of registration, by cheque or by phone.

Please make cheques payable to THE UNIVERSITY OF BRITISH COLUMBIA.
Autonomic Dysfunctions and Autonomic Monitoring Following Spinal Cord Injury
Vancouver, BC, Canada

Cancellation Policy

UBC reserves the right to cancel this course due to insufficient registrations or circumstances beyond its control. Registrants will be notified at the earliest possible date in the event of a cancellation. Tuition fees for courses cancelled by UBC will be refunded in full, however UBC will not be liable for any loss, damages or other expenses that such cancellations may cause.

Refund Policy

A notice of cancellation must be received in writing 15-business days prior to the program date. 20% of the tuition fee will be charged for cancellations received on or before this date. UBC regrets that refunds cannot be offered after the notice of cancellation deadline.

Accreditation

As an organization accredited to sponsor continuing medical education for physicians by the Committee on Accreditation of Continuing Medical Education (CACME), the UBC Division of Continuing Professional Development designates this educational program as meeting the accreditation criteria of the College of Family Physicians of Canada for up to 35 Mainpro-M1 credits. This program is an Accredited Group Learning Activity eligible for up to 35 Section 1 credits as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada. This program has been reviewed and approved by UBC Division of Continuing Professional Development. Each physician should claim only those credits he/she actually spent in the activity.

Send completed form and cheque to:

Ms. Andrea Ramirez, ICORD
818 West 10th Avenue, Room 3204
Vancouver, BC V5Z 1M9
aramirez@icord.org
Tel: 604 675 8856
Fax: 604 675 8820
Attn: Autonomic Dysfunctions and Autonomic Monitoring Following Spinal Cord Injury CME Credit Course