



**Alberta Health Services
Provincial Medical Affairs**

COURSE REGISTRATION FORM

Course: _____ Date(s): _____

Please complete all fields below:

Last Name: _____ First Name: _____

Title: _____ Name on Name Tag: _____

Office/Practice Phone: () _____ Fax: () _____

Email: _____ Department: _____

Facility: _____ Business (AHS) Address: _____

Town/City: _____ Province: ALBERTA Postal Code: _____

I give permission to have my contact information included on an attendee list to be distributed to other course participants:
__Yes __No.

Please identify any dietary restrictions or mobility limitations: _____

Please email or fax your completed registration form to:

**Lisa Beezley (403) 529-8993
Provincial Medical Affairs
Email: ProvMAProfDevelopment@albertahealthservices.ca
Fax: 403.943.1174**

Note: Receipt of registration will be confirmed by email sent to the address provided above. If you do not receive email confirmation of your registration please contact the above email address.

By submitting this registration, I am agreeing to share my contact information with the CMA – PLI.

Registrants are asked to cancel as soon as possible if they are unable to attend. While it is understood that there is no registration fee to attend this course should I cancel my registration within 5 days of the course or fail to attend, I will be charged \$1200.

AHS reserves the right to cancel PLI courses if registrations are not sufficient. Should this occur, you will be notified as far in advance as possible.