

**HEALTH CARE ETHICS IN THE 21<sup>ST</sup> CENTURY**

**REGISTRATION FORM**

**Fee** **\$800.<sup>00</sup>\***

\*This includes tuition, course materials, breakfast (all days), and April 19's reception.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_

**Method of Payment:**

Cheque (payable to Providence Health Care)

Visa  Mastercard

Amex

\_\_\_\_\_

**Credit Card #** **Exp. Date**

**Signature**

*Cancellations received on or before 12 April will be refunded the full registration fee less a \$50.<sup>00</sup> administration fee. No cancellation refund will be provided after 12 April.*

Complete this form and return it to PHC Ethics Services by **Monday, April 12, 2010**.

**By FAX:** **604-806-9071**

**By MAIL:** **Ethics Services**  
**c/o St. Paul's Hospital**  
**1081 Burrard Street**  
**Vancouver, BC V6Z 1Y6**

**By EMAIL:** **jmonthatawil@providencehealth.bc.ca**

[www.providencehealthcare.org/ethics\\_services/](http://www.providencehealthcare.org/ethics_services/)