College of Physicians and Surgeons of British Columbia
300–669 Howe Street
Vancouver BC V6C 0B4
www.cpsbc.ca
Telephone: 604-733-7758
Toll Free: 1-800-461-3008 (in BC)
Fax: 604-733-3503

MEDICAL RECORD KEEPING FOR PHYSICIANS

Registration Form

TIME/LOCATION College of Physicians and Surgeons of BC
300–669 Howe Street, Vancouver BC
Check-in: 8:30 a.m. Workshop: 9 a.m.–4 p.m.

REGISTRATION INFORMATION

Name: _____ CPSID: _____

Address: _____

City: _____ Province/state: _____ Postal/zip code: _____

Email: _____ Phone: _____

Session date: _____

COURSE FEE (Includes course materials, refreshments and lunch) **GST# 10695 3961 RT 0001**

◯ COLLEGE REGISTRANT **C$451.50** ($430 course fee + $21.50 GST)
◯ NON-REGISTRANT **C$556.50** ($530 course fee + $26.50 GST)

Course fee enclosed: **C$** _____

Payment by: ◯ Cash/cheque ◯ Visa ◯ MasterCard ◯ American Express

Credit card number: _____-_____-_____-_____ Expiry date: _____/_____
MM YY

Name of cardholder: _____

Signature of cardholder: _____ Date: _____

I hereby authorize the College of Physicians and Surgeons of British Columbia to charge my credit card for the registration fees noted above.

PLEASE FORWARD THIS FORM BY:

Mail **Medical Record Keeping for Physicians**
College of Physicians and Surgeons of BC
300-669 Howe Street
Vancouver BC V6C 0B4

Fax 604-733-3503

Inquiries 604-733-7758 ext. 2395

Note: The College's *Cancellation and Refund Policy* can be found at www.cpsbc.ca/files/pdf/WS-Cancellation-Refund-Policy.pdf

The information collected in this form will be used for processing your registration. If you have any questions about the collection and use of this information, please contact the College at 300-669 Howe Street, Vancouver BC V6C 0B4 or by phone at 604-733-7758 or 1-800-461-3008 (toll-free in BC).