

2015 MSH/UHN Geriatrics Institute Registration Form:

First Name: _____

Last Name: _____

Organization: _____

Profession: _____

Phone #: _____

Email: _____

Dietary Restrictions (if any): _____

Registration fee: \$25. A confirmation of registration will be sent to you.

If registering online, please visit:

<http://www.mountsinai.on.ca/education/geriatrics/2015-geriatrics-institute>

If paying by Cheque, please complete this form and make the cheque payable to Mount Sinai Geriatrics and mail to:

Geriatrics Program (Attn: Phoebe Tian)
Mount Sinai Hospital
Suite 475, 600 University Avenue
Toronto, ON M5G 1X5

If paying by Credit Card, please complete the credit card information and mail to the above listed address or fax to 416-586-5113; or call Stephanie Callan at 416-586-4800 ext. 7674 to pay by phone.

Card#: _____

Expiry Date: _____

Name on Card: _____

Billing Address: _____

City: _____

Postal Code: _____

