



Federation of Health Regulatory
Colleges of Ontario

Conducting a Discipline Hearing Fall 2018 Registration Form

Basic-November 1st/Advanced-November 2nd

Contact information: (for name badge) Dr. Mr. Ms. Mrs. Other (Please specify _____)

Registrant's Name: _____
 Organization: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone #: _____ Fax #: _____
 Registrant's Email : _____

Name of person completing form (if different from Registrant): _____
 Email/Phone # of person completing form: _____ / _____
 Send registration information to: Registrant Person completing form Both

Registrant Information:

Dietary restrictions: _____
 Accommodation Needs: _____

Please advise if you wish to be contacted regarding your specific needs.

Have you attended a Federation Discipline Hearing Program previously? Yes No
 Have you participated in one or more discipline hearings? Yes (1) Yes (between 2-5) Yes (6 or more) No
 Are you willing to participate in a scripted role play? Yes, Basic program Yes, Advanced program No

RATE SCHEDULE

RATE SCHEDULE		Early Bird (Pre-Oct. 1)	Regular (Oct 1 & After)	Total
Basic	Federation Member*	\$470	\$520	
Basic	Non-Member	\$520	\$620	
Advanced	Federation Member*	\$470	\$520	
Advanced	Non-Member	\$520	\$620	
Basic and Advanced	Federation Member*	\$850	\$950	
Basic and Advanced	Non-Member	\$1030	\$1130	
Subtotal				
13% HST (HST #871392825)				
TOTAL				

***Member rates apply to all Council, Committee Members, and Staff of Federation members**

Submit completed forms to the Federation Office via:
 email: info@regulatedhealthprofessions.on.ca, or
 Fax: 1-866-814-6456, or
 Mail: Federation of Health Regulatory Colleges of Ontario
 Suite 301 - 396 Osborne St, PO Box 244
 Beaverton ON L0K 1A0
 Make cheques payable to:
Federation of Health Regulatory Colleges of Ontario

Payment Method:
Cheque VISA MasterCard AMEX

If by credit card:
 Card #: _____ Exp: _____
 Cardholder's Name: _____
 Signature: _____
(If completing form electronically, cardholders not able to include e-Signature will be contacted for verification)

Cancellation Policy: Cancellations received in writing not less than ten (10) business days prior to the event will receive a full refund. Cancellations received less than ten (10) business days will not be refunded, but substitutions are permitted.
Confirmation: Registrations will be confirmed by email within five (5) business days of receipt of the form. If you do not receive a confirmation, please contact the Federation [phone (416-493-4076), fax (1-866-814-6456), email (info@regulatedhealthprofessions.on.ca)]

Session Location: DoubleTree by Hilton Toronto Downtown 108 Chestnut St, Toronto ON M5G 1R3