



Health  
Profession  
Regulators  
of Ontario

**Discipline Orientation Workshop**  
**Basic & Advanced Sessions - November 12 & 13, 2020**  
**Webinar Registration Form**

**REGISTRANT INFORMATION**

Name: \_\_\_\_\_  
 College: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Accommodation Needs (please advise if you wish to be contacted prior to the event re. your specific needs):  
 \_\_\_\_\_

Have you attending a previous Discipline Orientation Workshop?     Yes             No  
 Have you participated in discipline hearings?             Yes (1)     Yes (2-5)     Yes (6+)     No  
 Are you willing to participate in a scripted role play?             Yes             No

If the person completing the form is not the Registrant, please share the following:  
 Name & email of person completing the form: \_\_\_\_\_ / \_\_\_\_\_

RATES (HST INCLUDED)		By November 4	After November 4	TOTAL
Basic (Nov. 12 <sup>th</sup> only)	HPRO Member*	\$450	\$500	_____
Basic (Nov. 12 <sup>th</sup> only)	Non-Member	\$550	\$650	_____
Advanced (Nov. 13 <sup>th</sup> only)	HPRO Member*	\$450	\$500	_____
Advanced (Nov. 13 <sup>th</sup> only)	Non-Member	\$550	\$650	_____
Basic & Advanced (both)	HPRO Member*	\$800	\$900	_____
Basic & Advanced (both)	Non-Member	\$900	\$1000	_____
Basic Session Binder (by request/by courier)	Only 'til Nov. 4 <sup>th</sup>	\$65	N/A	_____

\* Member rates apply to all Council, Committee Members, and Staff of HPRO Members

HST #871392825

**PAYMENT METHOD**     Credit Card             Cheque             Direct Deposit/Electronic Funds Transfer

If paying by credit card:

Card# \_\_\_\_\_ Exp.: \_\_\_\_\_/\_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please contact HPRO if you wish to provide credit card details separately.*

If paying by cheque: make cheque payable to **Health Profession Regulators of Ontario.**

If paying by direct deposit/Electronic Funds Transfer, contact HPRO.

*See the HPRO website for terms and policies related to HPRO event registration.*

**SUBMIT FORM BY:**

Mail: HPRO - 301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0 | Fax: 1-866-814-6456

Email: [info@regulatedhealthprofessions.on.ca](mailto:info@regulatedhealthprofessions.on.ca)