



Health  
Profession  
Regulators  
of Ontario

# Discipline Orientation Workshop Basic Session—September 21, 2020 Webinar Registration Form

## REGISTRANT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 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 Discipline Orientation Workshop previously?  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 of person completing the form: \_\_\_\_\_  
 Phone of person completing the form: \_\_\_\_\_  
 Email of person completing the form: \_\_\_\_\_

RATE SCHEDULE (INCLUDES HST)	By September 7	After September 7	TOTAL
HPRO Member*	\$450	\$500	_____
Non-Member	\$550	\$600	_____
Hard Copy Binder (by request)	\$65	Only 'til September 14 <sup>th</sup>	_____

\* 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)