



SESSION REGISTRATION FORM

(All PAACT programs meet the accreditation criteria of the CFPC and have been accredited for MAINPRO-C® Credits.)

Session Info:

Date of Session: _____

Location: _____

Personal Info:

Name: _____

Institution: _____

Address: _____

City/Province: _____

Postal Code: _____

Phone: _____

Fax: _____

e-mail: _____

Payment Info:

VISA or Mastercard (AMEX NOT accepted) Cheque

Card #: _____

Expiry Date _____ Amount: _____

Signature: _____

To register, please send form via one of the following:

Fax to: 416-597-8574 or toll-free: 1-866-540-1847

e-mail to: paact@mumshealth.com

Please make cheque payable to: PAACT and send to:
PAACT, Suite 200-301 Donlands Ave., Toronto, ON M4J 3R8

You will need to receive confirmation before attending.

For any questions please call: 416-597-6867; Toll free: 1-877-876-4580