How to Register

Online	**www.ubccpd.ca**
Phone	**(604) 875-5101**
Fax	**(604) 875-5078**
Email	**cpd.info@ubc.ca**
Mail	**UBC CPD 855 West 10th Avenue Vancouver, BC V5Z 1L7**

Refunds and Cancellations

This course incurs significant non-refundable expenses prior to the course— please read and carefully understand our cancellation policy before submitting your registration. The Division of Continuing Professional Development reserves the right to cancel the workshop ten (10) business days prior to the workshop date. Each registrant will be notified by telephone, followed by written notification and a full refund. UBC is not responsible for any additional costs, including, but not limited to, airline or hotel penalties. If you wish to withdraw from the workshop, written notice of withdrawal must be received no later than ten (10) business days before the workshop. No refunds will be granted for withdrawal after this date, and you will be charged the deposit amount.

Accreditation

The University of British Columbia, Faculty of Medicine, Division of Continuing Professional Development (CPD) is fully accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS) to sponsor continuing medical education for physicians. The UBC Division of CPD designates this educational program as meeting the accreditation criteria of the College of Family Physicians of Canada for up to 3.5 MAINPRO M1 credits. This program is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada. This program has been reviewed and approved by the UBC Division of CPD. Each physician should claim only those credits he/she actually spent in the activity.

Learn Excel Innovate...for Life UBC CPD

The Division of
Continuing Professional Development

Faculty of Medicine

In partnership with

College of Physicians & Surgeons of British Columbia

Finding Medical Evidence/Supporting Patient Care : Using the Internet to Your Advantage

ME8581 a

8:30 am—12:30 pm, March 5, 2011

Accredited for Section 1 and up to 3.5 Mainpro-M1 credits

REGISTRATION FORM

CONTACT DETAILS

❑ Dr. ❑ Mr. ❑ Ms.

Last Name	**Given Name(s)**	
Address		
City	**Prov/State**	**Postal Code/Zip**
Telephone	**Fax**	
Email		

REGISTRATION INFORMATION:

The workshop will be held at SFU Harbour Centre, Computer Lab 1310, 515 West Hastings Street from 8:30 am until 12:30 pm

WORKSHOP FEE : $165

PAYMENT

$ TOTAL AMOUNT ENCLOSED

❑ VISA ❑ MasterCard

Credit Card Number **Expiry Date**

Name of Cardholder

Personal Information is collected on this registration form pursuant to section 26 of the Freedom of Information and Protection of Privacy Act, RSBC 1996 c. 165. This information will be used for the purposes of facilitating the conference and collecting aggregate statistics. UBC CPD publishes a participant list for the conference that includes the participant's name and city. Please check the box below if you DO NOT wish to have your information included on the participant list:

❑ **I DO NOT CONSENT to being on the participant list.**

All participants who register for UBC CPD courses are included on the mailing list for future educational programs. If you DO NOT wish to have UBC CPD course brochures mailed to you, please indicate below.

❑ **I DO NOT wish to be on the UBC CPD mailing list. For further information, please contact UBC CPD at: cpd.info@ubc.ca or 604-875-5101.**

I am a: ❑ **Member** ❑ **Certificant** ❑ **Fellow of the College of Family Physicians of Canada (CFPC)**

❑ **I do not have an affiliation with the College of Family Physicians of Canada**

Do you hold a clinical or academic appointment with the UBC Faculty of Medicine? ❑ **Yes** ❑ **No**

Are you a fellow of the Royal College of Physicians and Surgeons of Canada (RCPSC)?

❑ **Yes** ❑ **No** **If yes, please list your specialty:** _____