NON ROT	REGISTRATION FORM - <i>Via Microsoft Teams</i> APPHON/ROHPPA ANNUAL Co IWK Health Centre, Halifax NS November 2-4, 2023	onference	V CHIVERSIT	
Name: _				
Email: _				
Affiliate	d Hospital/Organization: _			
Professi	on:			
* * * * * * *			**************	
	\$25.00/da	ay Regist	tration Fee	
Please ind	icate which days you plan to attend	d:		
Thursday,	, November 2:			
Hemato	logy Session ½ day 1-4:30pm	Yes	Νο	
Friday, November 3:		Yes	No	
Saturday, November 4:		Yes	Νο	
R	EGISTRATION DEADLINE for VIRT		ENDANCE is October 20, 2023	
	Credit Card or IWK employ	vees Cost (: Center:	
	(Please highlight one		-	
Name on CC: _	Card Num	ber:	EXP Date:	
	Total Balance Due: 💲			
	The conference will be o	offered virt	tually via Microsoft Teams.	
			vill be sent to all registrants.	
	*Please note, if you require con	firmation o	of attendance, you MUST register.	
Any q	uestions, please contact Carol Digo	ut at (902)) 470-7429 carol.digout@iwk.nshealth.ca	
	Please return form	to <u>schoel.s</u>	.strang@iwk.nshealth.ca	
Physicians and Surge of 12.0 hours (credit and the American N	eons of Canada, and approved by Continuin is are automatically calculated). Through ar ledical Association, physicians may convert	g Professiona n agreement l : Royal College	y the Maintenance of Certification Program of the Royal Colleg hal Development, Dalhousie University. You may claim a maxin t between the Royal College of Physicians and Surgeons of Car ge MOC credits to AMA PRA Category 1 Credits™. Information	num ada n or

the process to convert Royal College MOC credit to AMA credit can be found at <u>www.amaassn.org/go/internationalcme</u>. In keeping with CMA Guidelines, program content and selection of speakers are the responsibility of the planning committee. Support is directed toward the costs of the course and not to individual speakers.