



**VCA Education Solutions for Health Professionals Inc.**

**REGISTRATION FORM**

**EDUCATION DAY**

<b>Date &amp; Time</b>	<b>Title of the Education Day</b>	<b>Location</b>
May 26, 2018 8:00 a.m.- 4:50 p.m.	Pediatric Radiography	Holiday Inn Toronto Downtown Center, 30 Carlton Street TORONTO, ON M5B 2E9

**PERSONAL INFORMATION**

Full Name (please PRINT):

Title:

Professional Organization (if any):

Address:

Telephone:

Email:

**FEES**

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Early Bird \$ 160 + HST (Deadline: March 31, 2018)

Regular Fee – \$ 190 + HST

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**SIGNATURE:** \_\_\_\_\_

**DATE:**

**Make cheque payable to “VCA Education Solutions for Health Professionals Inc.”**