



IIWCC Registration Form

To register for IIWCC by mail, please print this form, fill it in **(one copy per registrant)** and mail it with a cheque to **CAWC, 642 King Street West, Suite 200, Toronto, Ontario, M5V 1M7**; or fax it with your credit card information to **416-485-2291**.

2011 IIWCC Pricing

<input type="checkbox"/> Industry employed	\$6000.00 + 13% HST = \$6780.00
<input type="checkbox"/> Physician	\$4000.00 + 13% HST = \$4520.00
<input type="checkbox"/> Nurse & Allied health	\$2750.00 + 13% HST = \$3107.50
<input type="checkbox"/> Student	\$1500.00 + 13% HST = \$1695.00

Required Information (PLEASE PRINT):

NAME:

ADDRESS:

PROVINCE:

POSTAL CODE:

PHONE NUMBER:

E-MAIL:

HOSPITAL/FACILITY/EMPLOYER:

TYPE OF PRACTICE/OCCUPATION:

SCHOOL OF PROFESSIONAL DEGREE GRADUATION: YEAR OF GRADUATION:

PAYMENT METHOD:

CHEQUE (ENCLOSE A CHEQUE PAYABLE TO THE *CANADIAN ASSOCIATION OF WOUND CARE*)

CREDIT CARD: VISA MASTERCARD AMEX

CARDHOLDER'S NAME:

CREDIT CARD NUMBER:

EXPIRY DATE:

SIGNATURE: