



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS

SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

Professional Development Workshops

Title: _____

This teleconference will be held _____ from 12:00 pm until 1:00 pm EST.

The cost is \$100.00 + applicable GST/HST in your province per site for CSRT members and \$150 + applicable GST/HST in your province per site for non-members.

Institution Name:
Site(s):
Name:
CSRT File Number:
Payment Amount (please circle): Members: \$____ Non-Members: \$____
E-mail Address:

METHOD OF PAYMENT
Cheque/money order payable to CSRT (enclosed)_____
VISA _____ Mastercard _____
<i>Charges apply on all NSF transactions.</i>
Credit Card Number: _____
Expiry Date _____
Signature _____
Total _____

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