

Inspired Care.  
Inspiring Science.

**Registration Form  
(Please complete and mail with payment)**

Session (choose your session from the flyer)	<input type="checkbox"/> Level 1: Best Practices in Pressure Ulcer Prevention <input type="checkbox"/> Level 2: Best Practices in Pressure Ulcer Assessment and Treatment <input type="checkbox"/> Level 3: Best Practices in Diabetic Foot Ulcer Care & Adjunctive Therapies <input type="checkbox"/> Level 4: Best practice in Leg Ulcer Management
Date (Fill in date from flyer)	
Time (Fill in time from flyer)	
Place (Fill in time from flyer)	
Name (Fill in your name)	
Professional Designation (Indicate your profession)	
Facility (Fill in your work name)	
Address (Fill in your work address)	
Telephone No.	
E-Mail Address	
Preferred method of Contact	<input type="checkbox"/> Telephone _____ <input type="checkbox"/> E-Mail _____

**\*\*Complete this form and make cheque payable to:**

**SMH Wound Care Program**  
 St. Michael's Hospital, Toronto  
 30 Bond Street Room # 4M008 Shuter Wing  
 Toronto, Ontario  
 M5B 1W8  
 Attention: Christine Williams