

Acute Care of the at-Risk Newborn (ACoRN)

Friday, April 27th, 2018 (1700h – 2100h)

Saturday, April 28th, 2018(0800h - 1600h)

St. Martha's Regional Hospital

Antigonish, Nova Scotia

Please Print (or type)

Name: _____

Home Address: _____

City: _____ Prov _____ Postal Code _____

Email: _____

Food Allergies: _____

Registration fee: \$ 150.00 (includes text book, breaks, light dinner Friday and lunch on Saturday)

Please make cheque payable to: Reproductive Care Program of NS

Mailing address: Reproductive Care Program of NS
Halifax Professional Centre, 700 - 5991 Spring Garden Road, Halifax, NS B3H 1Y6

Credit Card Payment:

NAME ON CARD:

TYPE OF CARD: ___ VISA ___ MASTERCARD ___ AMEX

CARD NUMBER:

Expiry Date (MM/YY) _____

Amount to be debited to the card \$150.00

Fax Form to 902-470-6791 or scan and email to

Joanne.Ings@iwk.nshealth.ca

Text book will be mailed to your home on receipt of payment