



Reproductive Care Program

Halifax Professional Centre

700-5991 Spring Garden Road

Halifax, NS B3H 1Y6

Phone: 902-470-6798 Fax: 902-470-6791

<http://rcp.nshealth.ca>

Advances in Labour and Risk Management (ALARM)

REGISTRATION FORM

Saturday & Sunday, November 3-4 2018

IWK Health Centre, Halifax, NS

Please Print

Name: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code _____

Phone # (H) _____ (Cell) _____

Email _____

Food Allergies: _____

Please check one: Physician - \$995.00 – CFPC # _____

Nurse - \$730.00 Midwife- \$730.00 Resident - \$730.00 PGY1 PGY2

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

or

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: \$ _____

Fax # 902-470-6791 or email: joanne.ings@iwk.nshealth.ca