



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

Crucial Conversations Registration Form

April 1, 2017

8:30 a.m. to 5:00 p.m.

NLMA House, St. John's, NL

Delegate		Please fully complete all applicable sections of the form.					
Prefix	<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Ms.	NLMA Number					
Name							
Address							
City/Town	Province/State		Postal Code				
Telephone	Fax						
E-mail							
REGISTRATION (deadline 5:00 pm, Thursday, March 30)			All prices include HST				
Includes full-day course, lunches, nutrition breaks, all training materials.	<input type="radio"/> Full Registration		\$ 500.00				
Allergies/Special Dietary Requirements							
Please indicate any allergies or special dietary requirements.	<input type="radio"/> Gluten intolerant <input type="radio"/> Lactose intolerant <input type="radio"/> Nut allergy (specify) _____ <input type="radio"/> Shellfish (please specify if airborne) <input type="radio"/> Other fish (specify) _____ <input type="radio"/> Vegetarian <input type="radio"/> Vegan <input type="radio"/> Other (please specify) _____						
Payment							
Payment Method	<input type="radio"/> VISA <input type="radio"/> MasterCard <input type="radio"/> Cheque (Payable to "Newfoundland and Labrador Medical Association" or "NLMA")						
Card Number				Expiry Date	Month	Year	
Signature				Amount	\$		
Comments		Please fully complete all applicable sections of the form.					
Requests/Questions							

Send Registration Form to:
Newfoundland and Labrador Medical Association
 164A MacDonald Dr., St. John's, NL, Canada, A1A 4B3, **Fax** (709) 726-7525