



TORONTO IMPLANT INSTITUTE

Mentoring · Educating · Advancing

BCLS & ACLS Re-certification Program Registration Form

Saturday, February 24, 2024

Participant Name: _____

Please note: this name will appear on your certificate of completion.

First

Middle

Surname

Address: _____

Street

Suite No.

City

Province

Postal Code

Country

Telephone: _____

Fax: _____

E-Mail: _____

Heart & Stroke ID number: _____

Registration Fee: \$ 850 CAD + 13% HST = \$960.50

No deposit required. Full payment will be processed on January 5, 2024.

Fees are charged in Canadian Dollars

Please select one:

Cheque

Visa

MasterCard

Card Number

Exp. Date

Card Holder's Name

Signature X _____

I agree to pay the above Course Fees according to the card issuer agreement. Payments will be applied by Toronto Implant Institute Inc. to the credit card provided.

Please make cheques payable to the Toronto Implant Institute Inc.

Mail to:

Toronto Implant Institute Inc.

300 York Mills Road, Suite 207

Toronto, ON M2L 2Y5

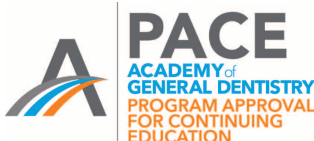
Attn: Linda

Phone:

416-566-9855

Email:

linda@ti2inc.com



Toronto Implant Institute Inc.

Nationally Approved PACE Program Provider for FAGD/MAGD credit

Approval does not imply acceptance by any regulatory authority or AGD endorsement

11/1/2022 to 10/31/2025

Provider ID# 302926