



PalCare Network for York Region

Registration

Core Concepts in Hospice Palliative Care Program Spring 2017

Name: _____ Phone: _____

Address: _____

Email: _____

****Please indicate your preferred location**

Aurora - Aurora Family Leisure Complex - Room 'C'
135 Industrial Parkway North
6:00 - 9:00 pm
Tuesday: May 30, June 6, 13, 20, 27
and
Thursday: June 1, 8, 15, 22, 29

Richmond Hill - Holiday Inn - Richmond Room
10 East Pearce Street
9:00 am - 4:00 pm
Thursday: June 8, 15, 22, 29, July 6

Cost per person \$35.00

Payment accepted by cash, cheque, visa, mastercard

**Make Cheque payable to Better Living Health and Community Services
Mail form and cheque to Better Living, 1 Overland Drive, Toronto, ON
M3C 2C3 ATTENTION: Education*

**Seat is confirmed upon receipt of registration and payment*

**Registration may be transferred prior to start of program*

**Refunds available prior to start of program (Administration fees apply)*

Credit Card

Name: _____ Amount: _____

Card Number: _____ Expiry Date: _____

Signature: _____

Please direct any questions to education@palcarenetwork.org

Thank you