

Continuing Education Program – General Registration Form

Use this form to register for an Ontario Pharmacists Association (OPA) continuing education program if you do not have access to an OPA online user account or online program registration forms. All information required to complete this form (including registration fees, locations, and requirements for program certificates) is available at www.opatoday.com.



Program selection (Please print clearly)

Program title:

Program format: Live Online

Program date(s):

City/location:

Registration information (Please print clearly)

First name:

Last name:

OPA member #:

(As it will appear on certificate)

Mailing address: Business Home

Street:

City:

Province:

Postal code:

Telephone:

Fax:

Email address:

Name of primary practice site:

Location of practice:

(Toronto, Ottawa, etc.)

Practice type: Unaffiliated/independent Chain/franchise/corporate Banner/buying group Hospital/FHT

Special dietary needs:

Program fee:

Choose your fee category and fill in the applicable amounts. Some fee options may not be available for all programs. Refer to OPA's website for program details.

Member Non-member

Early

Regular

| | | | | | | |
|-------------|---|-----|---------------------------|----|---|----------------------|
| \$ | + | \$ | - | \$ | = | \$ |
| Program fee | | HST | OPA CE voucher (optional) | | | Total amount payable |

Voucher or promo code number:

Live program fees generally include materials, breakfast, coffee breaks, and lunch. Participants are responsible for arranging their own accommodation and parking, if required. Recommended supplemental readings (if applicable) will be emailed prior to the program. See OPA's website to review program details. HST Registration: #10780 0112.

Method of payment:

Cheques are payable to the Ontario Pharmacists Association. Registration must be accompanied by payment.

Cheque Visa Mastercard

I _____
authorize OPA to debit my Credit card.

Credit card #: _____

Expiry date: _____

Signature: _____

How to register (Please fax or email a scanned form)

Fax: 416-441-0791

Email: education@opatoday.com

Mail: Education

Ontario Pharmacists Association
375 University Ave., Suite 800, Toronto, ON M5G 2J5

Registration deadlines for each program are posted on OPA's website. Best efforts will be made to accommodate late registrations. Please allow up to three business days for processing. Registration forms with incomplete or invalid information will be returned for correction prior to processing.

Cancellation policy:

Requests for cancellations or refunds must be submitted in writing to education@opatoday.com no later than 10 business days prior to the program commencement date at 4:30 p.m. A cancellation fee (+HST) will apply. Program fees will not be refunded after the cancellation date.

Communication (Please select to confirm consent)

I agree to receive electronic communications from OPA about its various products and services including (but not limited to) other continuing education programs, events, advocacy and volunteer opportunities, membership, and drug information subscriptions. I understand that I may unsubscribe at any time by sending an email to education@opatoday.com with the word "Withdraw" in the subject line.

For inquiries, please contact OPA Education by phone at 416-441-0788 (toll-free in Ontario: 1-877-341-0788, select option #1), or by email at education@opatoday.com.

I acknowledge that I have read the program information on OPA's website and that I am aware of the selected program's fees, registration deadline, cancellation policy, disclaimers, and requirements for receiving a certificate of completion.

Signature: _____ Date: _____