**October 2023 Critical Care Sim Crash Course ~ HSN Sim Lab, Sudbury, Ontario**

**PHYSICIAN REGISTRATION FORM**

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| First and Last Name: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Mailing Address: | Click or tap here to enter text. |
| Institution/City: | Click or tap here to enter text. |
| How long have you been practicing for? | Click or tap here to enter text. |

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| Do you have **DIETARY RESTRICTIONS**? |  [ ] YES [ ]  NO |
| If **yes**, please provide details: | Click or tap here to enter text. |

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| Are you **ACLS** certified? |  [ ] YES [ ] NO |
| If yes, **when** did you receive your certification? | Click or tap here to enter text. |

|  |  |
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| Are you **ATLS** certified? |  [ ] YES [ ]  NO |
| If yes, **when** did you receive your certification? | Click or tap here to enter text. |

**Please list 2 goals you would like to achieve while at the C4 course:**

|  |
| --- |
| 1. Click or tap here to enter text. |
| 2.Click or tap here to enter text. |

1. Please email this Registration Form ASAP to reserve your spot: hmasiero@nosm.ca or mdesloges@nosm.ca
2. Upon receipt of payment, you will be sent a confirmation email and a “Next Steps” information package
3. If you wish to pay by etransfer, please send etransfer to  accountsreceivable@nosm.ca

Please ensure you include C4 in the notes section.

1. To pay by cheque, please mail this Registration form and a cheque payable to “NOSM University” (please mention C4 on the cheque).
2. Please Insert the Cheque# here ($2,850):

Click or tap here to enter text.

1. **Mail to the address below**:

***NOSM University***

***Attention: Finance Unit for October 2022 C4 SIM Course***

***BSC- 2nd floor***

***955 Oliver Road***

***Thunder Bay, ON P7B 5E1***