



[minimed.medportal.ca](http://minimed.medportal.ca)

# McMaster Mini-Med School 2017

**REGISTRATION NOW OPEN!**

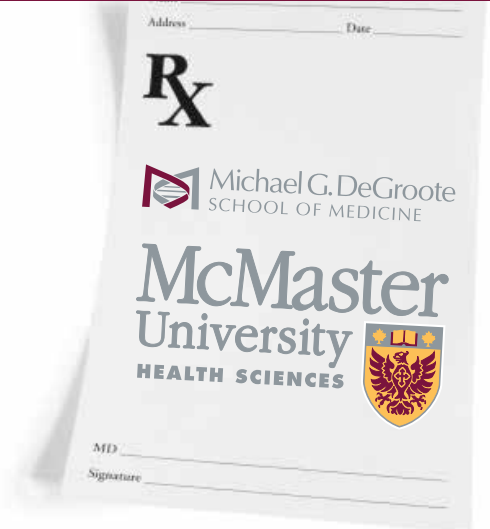
**February 14, 21, 28, March 7, 14, 21, 28, 2017**

**LOCATION: Ewart Angus Centre, HSC 1A1**

The McMaster Mini-Med School is an annual series of 14 lectures that take place over 7 weeks in February and March. Each week, two Physicians present interesting medical topics to the audience at a level that is easy to understand for people without any medical or healthcare experience. For more information, please consult our website or call the phone number provided.

## WITH REGISTRATION FEES, PARTICIPANTS RECEIVE:

- A reserved spot in the McMaster Mini-Med School Class of 2017.
- A McMaster Mini-Med School Certificate of Attendance that will be presented on the last day of classes.
- "Official" Mini-Med School items, including a tote bag, notebook, and water bottle.



## REGISTRATION FEES

Adults: **\$125<sup>00</sup>**

Seniors / Students\*: **\$75<sup>00</sup>**

\*A student is recognized as currently registered in full time study program



## REGISTER ONLINE:

[www.fhs.mcmaster.ca/conted/register.html](http://www.fhs.mcmaster.ca/conted/register.html)

Find other ways to register on the back!

## FOR MORE INFORMATION CONTACT:

905-525-9140 ext. 22671

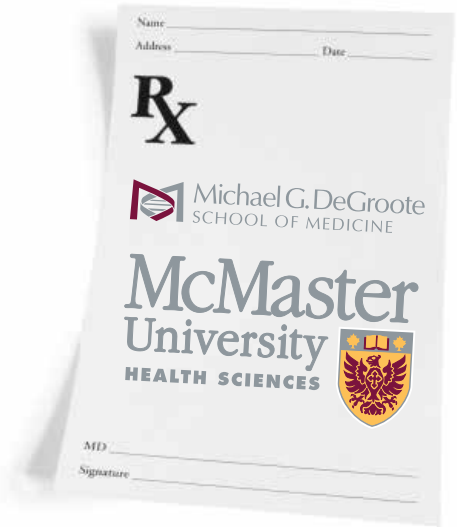
[cmereg@mcmaster.ca](mailto:cmereg@mcmaster.ca)

# McMaster Mini-Med School REGISTRATION FORM

February 14, 21, 28, March 7, 14, 21, 28, 2017

## 5 WAYS TO REGISTER:

- 1. ONLINE:** [www.fhs.mcmaster.ca/conted/register.html](http://www.fhs.mcmaster.ca/conted/register.html)
- 2. MAIL COMPLETED COPY TO:**  
McMaster Mini-Med School c/o Continuing Health Sciences Education  
1280 Main St. W., DBHSC, Room 5004, Hamilton, ON L8S 4K1
- 3. DROP OFF IN PERSON:**  
McMaster University, Continuing Health Sciences Education  
100 Main Street West, 5th Floor, Room 5004, Hamilton, ON L8P 1H6
- 4. FAX COMPLETED COPY TO:** 905-572-7099
- 5. PHONE:** 905-525-9140 ext. 22671



## REGISTRATION FEES

Adults: **\$125<sup>00</sup>**

Seniors / Students\*: **\$75<sup>00</sup>**

\*A student is recognized as currently registered in full time study program

**Confirmation of your enrollment will be sent by email. A postcard will be mailed to you prior to the first session. Please bring the postcard with you to every session as it is your entry ticket.**

I CONSENT to having my name, address & email added to the Continuing Health Sciences Education mailing database for upcoming Continuing Medical Education activities

Yes  No

### PLEASE IDENTIFY ANY ACCESSIBILITY NEEDS:

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Surname

Given

Address

City  Province  Postal Code

Area Code  Phone  -  Area Code   Fax  Cell  -

Email \* Your registration cannot be processed without an email address.

Payment By:  Visa  M/C  AMEX  CASH  CHEQUE  CVC

Pls make cheque payable to **"McMaster University"**  
\*Cheque must be received one week prior to the date of the program.

**FOR OFFICE USE ONLY**  
Activity Code: MINIMED2017

Card Number

Expiry: Month  Year  Signature  Amount \$  .  0  0

### FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT

The information on this form is collected under the authority of the McMaster University Act, 1976. The information will be used for administrative purposes, including: your registration in the course; preparation of course materials for your use and to notify you of other courses or pertinent information. Financial information will be used to process applicable fees and will be retained for future reference. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210 McMaster University.