

BCLS/ACLS 2014

BCLS/ACLS 2014

Advanced Cardiac Life Support Course for Healthcare Professionals

In association with the CSAPS and **Accredited for Section three (3) Credits from the RCPSC!**

Sunday September 21st , 2014
0900-1600

Hilton Hotel
Toronto ON

Modalities include:

- 🎥 Online video preview to compliment the ACLS course found at www.resuscitation.ca upon registration
- 🎥 Chest compression emphasis
- 🎥 Application of energy (defibrillation)
- 🎥 Limited didactic with emphasis on hands on training
- 🎥 AUDIENCE RESPONSE SYSTEM
- 🎥 Seasoned Instructors and Course Director
- 🎥 Easy registration VISA and Mastercard Accepted
- 🎥 E-mail reminder for follow up courses

For registration questions e-mail

acls@me.com

1-705-783-3132 (Phone)

1-705-788-0338 (Fax) between 0800-2200 only please

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CME CREDIT

Royal College of Physicians and Surgeons of Canada and Registered Nurses Association

This program is an Accredited Self-Assessment Program (section 3) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada. Visit MAINPORT <https://www.mainport.org/mainport/> (or use the app) to record your learning and outcomes. You may claim 3 credits per hour of the course you attend to a maximum of 10 hours. For the RNA, one credit per hour of work should be claimed up to the stated maximum.

CANCELLATION POLICY

If you cancel your participation in this course, your registration fee, less a \$50 administrative fee will be refunded when written notification is received by the Office of 3MPC 2 weeks prior to the course date (fax # (705) 788-0338). No refunds will be made after this date. The Office of 3MPC reserves the right to cancel or postpone any course due to unforeseen circumstances. In the unlikely event that a course must be postponed or cancelled, the office will refund the registration fee but is not responsible for any related costs, charges, or expenses.

POLITIQUE EN CAS D'ANNULATION

Si vous annulez votre participation au cours, l'entreprise 3MPC remboursera vos frais d'inscription, moins des frais administratifs de \$ 50,00. Vous **devez** cependant nous aviser par écrit deux semaines avant la date de début du cours par télécopieur en composant le (705) 788-0338. Aucun remboursement ne sera accordé après ce délai. Le bureau de l'entreprise 3MPC se réserve le droit d'annuler ou de reporter les cours en raison de circonstances imprévues. Dans le cas peu probable d'un cours devant être reporté ou annulé, le bureau remboursera les frais d'inscription, sans toutefois être responsable de toute autre dépense, charges ou frais s'y rattachant.

TRAVEL AND LODGING

Travel and lodging arrangements are the sole responsibility of the individual registrant. The Office of 3MPC may be able to assist in providing information about local accommodations at the time of registration.

COURSE FACULTY

Dr. Mark Mensour, Sara Tumber RN

Faculty at any particular course may be changed due to availability. Faculty listed are those that were scheduled to teach at the time of brochure publication.

DATE AND LOCATION

Sunday September 21st, 2014 Hilton Hotel Toronto 0900-1600 Room TBA

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REGISTRATION FORM

Registration is limited. Please register at your earliest convenience using the registration form attached. You may either mail the form with a cheque payable to 3MPC or fax the form with your VISA or MASTERCARD information to the fax number below. Register early as spots have already begun to fill!

Sara Tumber

34 Gouldie St
Huntsville, ON P1H 1M4
Phone: 1-705-783-3132
Fax: 1-705-788-0338.

I would like to register for the September 21st 2014 BCLS/ACLS Course and by registering for this course I agree to view all recommended videos for this course at www.resuscitation.ca using my personal membership user ID and Password.

This course has **SOLD OUT** in the past; therefore, early registration is suggested. A letter of confirmation will be sent by email upon receipt of payment and completed registration form. Mail form and payment to the address above or fax the form with credit card information to the fax number located above. Email and online registration is **not** available at this time.

Name of Registrant		Degree – select all that apply <input type="radio"/> MD <input type="radio"/> PhD <input type="radio"/> RN <input type="radio"/> NP <input type="radio"/> Learner <input type="radio"/> EMT <input type="radio"/> RRT <input type="radio"/> Other - specify _____	
Name of Institution		College (FOR CME CREDIT PURPOSES ONLY) <input type="radio"/> CNO <input type="radio"/> CFPC <input type="radio"/> CSRT <input type="radio"/> RCPSC	
Street Mailing Address		Home Phone	
		Alternate Phone	
City		Postal Code	Country
Email Address (print clearly) Required for educational material*****			

REGISTRATION

Please indicate which portion(s) of the course you will be attending

BCLS/ACLS Hilton hotel Toronto		<input type="radio"/> \$650
	TOTAL =>	\$

PAYMENT INFORMATION - WHEN COMPLETE PLEASE FAX THIS FORM TO 705 788 0338

<input type="radio"/> Cheque is enclosed in the amount to the right, made payable to "3MPC"			PAYMENT TOTAL
Credit Card <input type="radio"/> VISA <input type="radio"/> MasterCard	Credit Card Number	Expiry Date (MM/YY) /	\$
Name of Cardholder as it appears on the card	Signature of Cardholder (required) X		