

ABC REGISTRATION FORM

REGISTRATION INFORMATION

Name:*

Email:*

Phone:*

Mailing Address:

PLACE OF PRACTICE

Name:*

Time Zone:

HOW DID YOU HEAR ABOUT ABC?

Supervisor (name optional):

Information pamphlet

Colleague

Other – please specify:

CAPhO

PLEASE SELECT THE CATEGORY THAT BEST DESCRIBES YOUR CURRENT SITUATION*

I am currently a CAPhO member and have completed the CAPhO Oncology Basics course
(please provide your CAPhO membership number)

Please submit payment of \$100 by electronic transfer to info@ABCOncPharmacy.com

I am currently a CAPhO member and have NOT completed the CAPhO Oncology Basics course but I commit to completing the pre-requisite course prior to the start of the ABC program

(please provide your CAPhO membership number)

Please submit payment of \$100 by electronic transfer to info@ABCOncPharmacy.com

I am currently not a CAPhO member

- I will register into CAPhO and commit to completing the pre-requisite course prior to the start of the ABC program

Please submit payment of the remainder of the dues (\$75) by electronic transfer to info@ABCOncPharmacy.com

OR

- I will not register into CAPhO but commit to completing the pre-requisite course prior to the start of the ABC program

Please submit payment of \$150 by electronic transfer to info@ABCOncPharmacy.com

WHAT IS YOUR INTEREST OR OBJECTIVE IN TAKING THE ABC COURSE?