Advocis®

Continuing Education (CE)
Understanding Critical Illness Registration Form

Identifying Information

❑ Mr. ❑ Ms. ❑ Miss ❑ Mrs.

First Name | Initial | Last Name

Advocis ID No.

Are you a Member of Advocis? ❑ **Yes** ❑ **No - If not, you must abide by the following statement:**

If you are a non-Member: RHU designation holders must (a) abide by the Advocis/CLU Institute Code of Professional Conduct; (b) acquire a minimum of 30 hours of continuing education credits each calendar year, including one ethics credit; and (c) carry professional liability E&O insurance.

❑ **I Agree** ❑ **I Disagree** (if do you NOT agree, we will not be able to process the registration)

Mailing Address

This address is: ■ Business ■ Home

Company Name

Street Address

City | Province | Postal Code

Telephone | Fax | E-mail Address

Select a Course

Test Format – Students are required to complete a test in order to obtain credit for this program.

COURSE AND TEXTBOOKS	TEST FORMAT (please choose one)	COST (Add GST/HST) MEMBER	NON-MEMBER
COURSE UPDATE – UNDERSTANDING CRITICAL ILLNESS (036000)	❑ Paper-based	$99.95	$149.95
NOTES: • Prices subject to change without notice. • Students are required to remit the total fees and cost of textbooks, if ordered, at the time of application. • Please allow 5 to 10 business days for regular shipping or 3-5 business days for expedited shipping from receipt of application for delivery of materials. • Students wishing to cancel courses are required to submit written notice and return all course materials in the original packaging, within 45 days of registration. A cancellation fee of $75.00+GST/HST applies to all cancellations.	**SUBTOTAL**		
	SHIPPING AND HANDLING (Regular price: $15.00 – Expedited price: $30.00)		
	ADD GST/HST GST No. R107625378		
	TOTAL (FEES MUST BE REMITTED IN FULL)		

Payment Information

TOTAL AMOUNT (including applicable taxes): $.

I authorize Advocis to charge my credit card for the total fee:

❑ VISA ❑ MasterCard ❑ AMEX

CARD NO.

EXPIRY DATE

☒ Signature _____ ☒ Date MM / DD / YYYY

Additional Information

How did you hear about this program?

❑ Advocis Representative ❑ Advocis Website ❑ Another Advisor/Referral ❑ Blog ❑ Chapter
❑ Conference ❑ Direct Mail ❑ Email Ad From Advocis ❑ Email From Advocis ❑ Magazine
❑ Newspaper ❑ Telephone Ad ❑ Search Engine ❑ Other _____

Send Completed Form and Remittance Information To:

Payments by credit cards can be submitted using this address or fax number:

Mail To: 390 Queens Quay West, Suite 209 • Toronto, ON • M5V 3A2 **OR**
Fax: 416.444.8031

Payments by cheques can be submitted using this address:

Mail To: P.O. Box 57577, Station A • Toronto, ON • M5W 5M5

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