Advocis®

# Continuing Education (CE)
# Understanding Long-Term Care 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 | COST (Add GST/HST) NON-MEMBER |
|---|---|---|---|
| **COURSE UPDATE – UNDERSTANDING LONG-TERM CARE (036100)** | Paper-based | $99.95 | $149.95 |
| **Textbooks** | | | |
| *Aging Client and Long-Term Care* (Stock 504ACLT) | | $59.95 | $59.95 |
| | **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)** | | |

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.

## 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:
**OR**
Payments by cheques can be submitted using this address:

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

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

## Privacy Statement

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*For more information visit www.advocis.ca, email: info@advocis.ca or call 416.444.4449 or 1.877.773.6765*

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