



ANNOUNCEMENT

McMaster Mini-Med School 2012

We hope that you enjoyed becoming a McMaster Mini-Med student in the past and welcome you to become a student in 2012. The new seven week term will begin Tuesday, February 21, 2012 with subsequent classes on February 28, March 6, 13, 20, 27 and April 3, 2012.

As of January 9, 2012 registration will occur on a first-come, first-served basis. In light of the high demand of previous years, it is advised that you register as soon as possible. Once all the student spots are filled, the remaining registrants will be placed on a waiting list and contacted as spots become available.

With registration fees, participants receive:

- A reserved spot in the McMaster Mini-Med School Class of 2012
- 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 notebook
 - highlighter/pen
 - a stainless steel water bottle
 - a tote bag containing **many more** items!

For a list of speakers and further information including registration and fees, please go to the following website:

<http://www.medportal.ca/minimed/index.html>

Or register online by visiting:

www.fhs.mcmaster.ca/conted

McMaster Mini-Med School

REGISTRATION FORM

February 21 – April 3, 2012

Fees: \$125 Adult
 \$75 Senior (65+) / Student*

Online: www.fhs.mcmaster.ca/conted

* a student is recognized as currently registered in full time study program.

Print and mail / drop off completed copy to:

McMaster Mini-Med School, c/o Continuing Health Sciences Education
 McMaster University, MDCL, Room 3510
 1280 Main St. W., Hamilton, ON L8S 4K1

Or print and fax completed copy to: 905-572-7099

Or phone-in your registration information to: 905-525-9140 ext. 22671 (Rose) or 26590 (Jacquie)

A postcard confirming your enrolment will be mailed to you by: February 7, 2012



Dr.	Spec	GP	PH.D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr.	Mrs.	Miss.	Ms.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I CONSENT to having my name, address & email added to the Continuing Health Sciences Education mailing database for upcoming Continuing Medical Education" opportunities Yes No

I CONSENT to having my name appear on a published registrant list. Yes No

PLEASE IDENTIFY ANY ACCESSIBILITY NEEDS:

Surname

Given

Address Medical Dept. / Room #

City Province Postal Code

Organization/Educational Institution

Area Code Phone - Area Code Fax -

Email

Payment By: Visa M/C AMEX CHEQUE CVC
 Pls make cheque payable to "McMaster University"

CARD NUMBER

Expiry: Month Year Signature