

Aerosol School October 5-7, 2016

Firestone Research Aerosol Laboratory at St Joseph's Healthcare,
McMaster University, Hamilton, Canada

Registration Form

Please print or type:

** indicates a required field*

Name* _____

Mailing Address _____

City _____ Prov/State _____ Postal Code/Zip _____

Daytime Phone (_____) _____ E-mail* _____

Mobile* (_____) _____

Method of payment*: Fee is \$1675.00 US; \$750.00 US (student);
\$850.00 US (ISAM clinician/scientist – non-industry)

Finance: Please Deposit to SJHH Aerosol School Account # **1738300022 SC 1202066**

Cheque for \$_____ enclosed, payable to St Joseph's Healthcare Hamilton,
or

Credit Card Please the appropriate type of card*:
Visa Mastercard Amex

Card#* _____

Expiry Date* _____

Name on Card* _____

Signature _____

Amount of Payment* _____

Once complete, go to File>Save and save a copy of this form to your Dekstop.

Upload this form on the Aerosol School Website Registration Page or email to mdolovic@mcmaster.ca
or fax (FAX 905 521 6183) or mail this form with payment to:

Myrna Dolovich, P Eng
St Joseph's Healthcare/ Firestone Institute for Respiratory Health,
50 Charlton Ave E, Room JT2135, Hamilton ON Canada L8N 4A6

03/28/2016 Aerosol School Registration Form 2016

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