

**REGISTRATION and BRIEF SURVEY**

**To receive FREE Parking PASS**

**FAX Completed Form to Penny Schmiedendorf 519-584-0197**

**Or Register by Phone at 519-885-5426 ext 21104**

**Registration Fee: \$0**

Family Name:	
Given Name:	
Mailing Address:	
Email Address:	
Discipline/Specialty:	

**BRIEF SURVEY: Please check off (✓) all boxes that are appropriate.**

	I don't have one.	I have but do not use it for clinical work.	I have and use it for some clinical work.	I have and <u>regularly</u> use it for my clinical work.
<b>Smart Phone</b> (with Internet access)				
<b>PDA</b> without phone (e.g. PALM, iTouch)				
<b>Laptop computer</b>				
<b>Desktop computer</b>				
<b>Tablet</b> (e.g. iPad, Samsung, Blackberry, Playbook...)				

**QUESTION: What question(s) would you like answered by attending these workshops?**

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