



ANNOUNCEMENT

McMaster Mini-Med School 2011

We hope that you enjoyed becoming a McMaster Mini-Med student in the past and welcome you to become a student in 2011. The new seven week term will begin Tuesday, March 1, 2011 with subsequent classes on March 8, March 15, March 22, March 29, April 5, and April 12, 2011.

As of January 11, 2011 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 2011
- 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

March 1 – April 12, 2011

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.

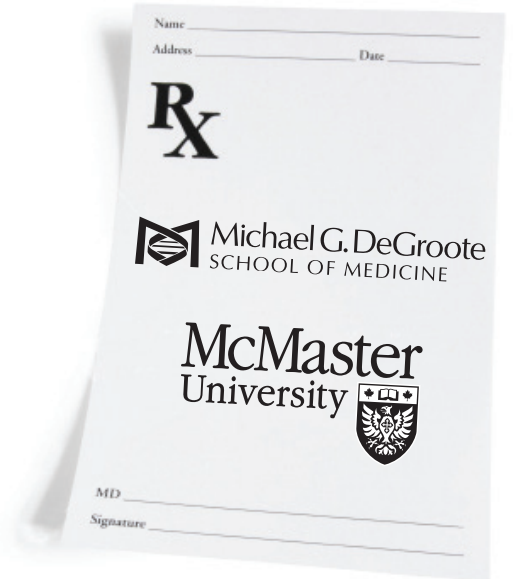
Print and mail / drop off completed copy to:

McMaster Mini-Med School, c/o Continuing Health Sciences Education
 McMaster University, MDCL, Room 3510
 Margaret & Charles Juravinski Education Research and Development Centre
 1200 Main St. W., Hamilton, ON L8N 3Z5

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 18, 2011



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

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 Pls make cheque payable to "McMaster University"

CARD NUMBER

Expiry: Month Year Signature