

STANDARDS COLLABORATIVE EDUCATION SUMMIT

SEPTEMBER 14 - 16, 2009; OTTAWA, ONTARIO

Registration Form

Attendee Information		
First Name:	Last Name:	
Title:		
Organization:		
Address:		
City:	Province:	Postal Code:
Tel:	Fax:	
E-mail:		
Special accessibility/dietary requirements (vegetarian, food allergies, etc):		
<p>If you are a Standards Collaborative Member, please indicate your membership level</p> <p><input type="checkbox"/> Vendor, Consultant and Private Insurers</p> <p><input type="checkbox"/> Federal, Provincial, Territorial Ministries & Agencies</p> <p><input type="checkbox"/> Service Deliverers, Provincial & Regional Networks, Public Insurers</p> <p><input type="checkbox"/> Professional Colleges and Associations, Non-Government Not-for-Profit Organizations & Academic Institutions</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Student</p> <p>If you are not a Standards Collaborative member and would like further information on membership, please contact us at Standards@infoway-inforoute.ca</p>		

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Are you a first time SC Education Summit attendee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you been a clinician? * Yes No If you answered yes to the question above, please specify: <input type="checkbox"/> Clinician: <input type="checkbox"/> Laboratory Professional <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician – please specify _____ <input type="checkbox"/> Other – Please specify: _____
Please select one or more of the following to best describe your current employer. * <input type="checkbox"/> Federal Provincial/Territorial Government/Public Agency <input type="checkbox"/> Regional Health Authority <input type="checkbox"/> Health Service Delivery Organization <input type="checkbox"/> Hospital Organization <input type="checkbox"/> Vendor Association <input type="checkbox"/> Consulting Organization <input type="checkbox"/> Standards Organization <input type="checkbox"/> System Integrator <input type="checkbox"/> Other, please indicate: _____
Please select one or more of the following to best describe your current role. * <input type="checkbox"/> Business Analyst <input type="checkbox"/> Technical Analyst <input type="checkbox"/> Architect <input type="checkbox"/> QA Analyst <input type="checkbox"/> Consultant <input type="checkbox"/> Software Developer <input type="checkbox"/> Vendor <input type="checkbox"/> Integration Architect <input type="checkbox"/> Integration Analyst <input type="checkbox"/> Project Manager <input type="checkbox"/> Other, please indicate: _____ <input type="checkbox"/> Student, please indicate major _____
Will you and/or your organization be implementing an HL7 V3 solution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the current status of your project (Please choose one) <input type="checkbox"/> Feasibility <input type="checkbox"/> High level requirements <input type="checkbox"/> Detailed requirements <input type="checkbox"/> Design <input type="checkbox"/> Development <input type="checkbox"/> Unit/Conformance Testing <input type="checkbox"/> Implementation <input type="checkbox"/> Other, please indicate: _____
Please describe your project (HL7 domains, technology, etc.):

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Please indicate which course(s) you wish to attend. Refer to the SC Education Summit Guide for course descriptions and prerequisites.

Day 1 – September 14, 2009	
7:30a.m. – 8:30a.m. Registration & Breakfast	
Full day sessions 8:30a.m. – 5:00p.m. (choose one only)	
<input type="checkbox"/> Introduction to HL7 V3 or	
<input type="checkbox"/> HL7 V3 RIM Certification Tutorial or	
<input type="checkbox"/> Introduction to Vocabulary, LOINC & pCLOCD	
Day 2: September 15, 2009	
7:30a.m. – 8:30a.m. Registration & Breakfast	
Full day Sessions 8:30a.m. – 5:00p.m. (choose one only)	
<input type="checkbox"/> SNOMED Clinical Terminology, Introduction or	
<input type="checkbox"/> HL7 V3 Advanced Skills for Modelling & Tooling	
5:30p.m. – 7:30p.m.	
<input type="checkbox"/> HL7 V3 RIM Certification Exam	
Day 3 – September 16, 2009	
7:30a.m. – 8:30a.m. Registration & Breakfast	
Full day session 8:30a.m. – 5:00p.m. (choose one only)	
<input type="checkbox"/> SNOMED Clinical Terminology, Advanced or	
<input type="checkbox"/> HL7 Implementation For Project Managers or	
<input type="checkbox"/> HL7 Implementation Technical Focus	

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Payment Information			
Fees	SC Members	Non SC Members	Students*
Each Course	\$299	\$399	\$200
HL7 Certification Exam	\$150	\$200	N/A

*Student Registrants please include proof of student status with your registration. A copy of a 2009 – 2010 student card, letter of admission or copy of registration confirmation for the current academic year is sufficient. Please email to jseepersad@infoway-inforoute.ca , fax or mail it to the address below.

Payment Information		
Subtotal		\$
All Registrations are subject to GST (GST / HST Number: 88546 9817 RT0001) Tax exemption certificates must be provided for discount to be honoured	GST (5%)	\$
	Final Total	\$
All payments must be received in full before the Education Summit begins. Outstanding balances will need to be paid on-site prior to admission.		
Cheque or money order payable to Canada Health Infoway Inc. <input type="checkbox"/> OR Please charge my registration to the following card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		
Amount: \$		
Card Number:	Expiry Date:	
Name on Card:	Signature:	

Register By Mail

Send form and payment to:
Canada Health Infoway Inc.
150 King Street West, Suite 1300, Toronto, ON M5H 1J9
Attention: Ms. June Seepersad, SC Membership Coordinator

Register By Fax

Send form and credit card information to: **416 593 5911**
Attention: Ms. June Seepersad, SC Membership Coordinator