



Profile User Conference 5th December, 2011

REGISTRATION FORM

REGISTER BEFORE NOVEMBER 10

Clinic: _____

Participant Name: _____

Tel: _____

Email: _____

I will be attending the following workshops:

▪ 9:30

_____ workshop title

▪ 11:30

_____ workshop title

▪ 2:00

_____ workshop title

Registration form to be sent by:

Email: usergroup2011@intrahealth.com

Fax: 604.980.5580
