

## CTAS Course Funds Report

### Course Lead Instructor

Name: \_\_\_\_\_ Course Date: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

### Participant Information

Number of Participants: \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_

Number of Instructor Candidates: \_\_\_\_\_ x \$90 = \$ \_\_\_\_\_

Total amount submitted \$ \_\_\_\_\_

### Payment Information

Option 1: Credit Card  Visa  MasterCard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Option 2: Bill Health Authority

Health authority: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Option 3: Cheque payable to Canadian Association of Emergency Physicians.

PLEASE SUBMIT via fax (613) 523-0190, email: [ctas@caep.ca](mailto:ctas@caep.ca)  
or: Attention CTAS, 808 – 180 Elgin St, Ottawa, ON, K2P 2K3



CAEP | Canadian Association  
of Emergency Physicians

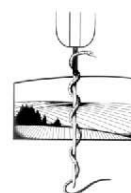
ACMU | Association canadienne  
des médecins d'urgence



NENA



Canadian  
Paediatric  
Society



AMUQ

ASSOCIATION  
DES MÉDECINS  
D'URGENCE  
DU QUÉBEC