

Pre-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: _____

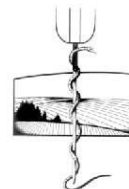
Province: _____ Postal Code: _____ Phone: _____

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

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



CAEP | Canadian Association
of Emergency Physicians
ACMU | Association canadienne
des médecins d'urgence



ASSOCIATION
DES MÉDECINS
D'URGENCE
DU QUÉBEC
AMUQ