

High School Injury Seminar

Please include this form when paying by cheque.

Note: payments by cheque must be received by Panno Medical five (5) business days prior to your selected registration date:

Please visit <http://www.panno.ca/seminar-registration/> for directions and classroom numbers.

School: _____

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Please select a seminar location and date.

- 1 _____ Sept 24 - York University - 4700 Keele St, Toronto, ON M3J 1P3
- 2 _____ Oct 1 - Centennial College (Scarborough)
- 3 _____ Oct 2 - Mohawk (Hamilton)
- 4 _____ Oct 15 - Humber College (Etobicoke-North Campus)
- 5 _____ Oct 16 - Trent University (Peterborough)
- 6 _____ Oct 22 - Durham College (Oshawa)
- 7 _____ Oct 23 - Appleby College
- 8 _____ Oct 30 - Pinewood Studios

Participant Names (Provide the first and last names of all attendees):

Number of participants from your school: _____

X \$56.50 per attendee (includes HST) = _____ (Total)

Please make cheques payable to Panno Medical Inc.

Mail to:

Panno Medical Inc, 255 Commissioners Street, Suite 112 Toronto, ON, M4M 0A1

Located at Pinewood Toronto Studios
255 Commissioners Street, Suite 112 Toronto, ON, M4M 0A1

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