



The Ottawa Hospital

Nursing Education
Department of Nursing Professional Practice

REGISTRATION FORM

Name: _____ **Unit:** _____
Telephone: _____ **Campus:** _____

Course / Program:	Days:	Cost:
		\$
1. _____	1. _____	\$
	2. _____	\$
2. _____	1. _____	\$
	2. _____	\$
3. _____	1. _____	\$
	2. _____	\$
Total:		\$

Return completed form to:

The Ottawa Hospital-General Campus
Nursing Education, Box 305
501 Smyth Road, Ottawa, ON K1H 8L6

Tel : 613-737-8899, ext. 78760

Registration Fee

Internal Staff

- Clinical Nursing Seminars & Nursing Leadership Program:
\$25 per day

External Staff

- Clinical Nursing Seminars & Nursing Leadership Program:
\$50 per day

Cheque Payable to: The Ottawa Hospital-Nursing
Education

*no refunds for non-completion of program