

CCTNB Ethics Workshop and Lunch Meeting - Registration Form

Name: _____

Address: _____

Phone: _____ (day) _____ (cell) LCT License # _____

I will be attending the workshop & lunch meeting

I will not be attending the workshop & lunch meeting

I prefer to take part in the English or French workshop

Food preferences

Vegan _____ Vegetarian _____ Allergies _____

Gluten intolerant _____ Lactose intolerant _____

CEU's and/or credit for this workshop

CCTNB and CCPA members can apply for 5 Continuing Education Credits for this workshop.

Note: To receive CEC's for this Ethics workshop, participants must attend the entire workshop.

Your signed certificate of attendance will be available for pick up at the Registration Table at the end of the day.

Where you work (please check where applicable)

Private Practice _____ OR

For an employer _____ (please indicate who/where) _____

Other _____

Please scan and email to: Nicole Richard, Registrar, CCTNB at info@cctnb.ca by October 20 2017.