



CaPSNIG Meeting Registration Form

Name _____

Designation (circle) RN/NP/Manager/Educator/Allied Health/Other _____

Hospital _____

Contact Phone #: _____

First time attendee to CaPSNIG (circle) Yes No

Attending CAPS (circle) Yes No

If not a CaPSNIG member and would like to join, please fill out the bottom portion:

Address

Area you work in

Special designations

Please return registration form to monping.chiang@sickkids.ca by September 22, 2017.