



Canadian Symposium
For
Parental Alienation Syndrome

CONTINUING EDUCATIONAL CREDITS FORM

PARTICIPANT:

Mr. Mrs. Dr.

First Name

Last Name

Organization _____

Address _____

City _____ **Zip Code** _____

Province/State _____ **Country** _____

Telephone _____ **Fax** _____

Email _____

General Participant Receives:

Registration Form, symposium material (program of lectures and the proceedings), Reception Mixer, inclusion to all symposium functions, inclusion to all food and beverage breaks & Certificate of Attendance.

Certificate Of Attendance:

All Registrants requesting a Certificate of Attendance must fax their Registration Form to 647-476-3170.

Your Certificate will be sent in the mail.