

- Please print clearly and fax the form back to (416) 361 3304. If you have any questions please call (866) 647 3279 ext. 225. A receipt for your credit card purchase will be delivered to your email address shortly after faxing this form.

ATTENDEE INFORMATION

FIRST NAME _____		LAST NAME _____	
EMAIL ADDRESS _____			
COMPANY NAME _____		JOB TITLE _____	
STREET ADDRESS _____	CITY _____	PROVINCE _____	POSTAL CODE _____
DAYTIME PHONE _____		FAX _____	

COURSE SELECTION

<input type="checkbox"/>	January 28, 2009	Challenges and Solutions for Registering a Probiotic Product with the NHPD	\$199.00	\$ _____
<input type="checkbox"/>	February 25, 2009	Good Manufacturing Practices for Natural Health Products in Canada for Current and Potential Site License Holders (<i>includes 5 licenses</i>)	\$349.00	\$ _____
<input type="checkbox"/>	March 25, 2009	Bringing Products to Canada for Beginners: Understanding Basic Regulatory Requirements for Natural Health Products	\$199.00	\$ _____
<input type="checkbox"/>	April 29, 2009	Successful Submissions: How to Get A Natural Product Number	\$199.00	\$ _____
<input type="checkbox"/>	May 27, 2009	Aspects of Research & Development: Conducting Clinical Trials and the SR&ED Tax Credit	\$249.00	\$ _____
<input type="checkbox"/>	June 24, 2009	Claims Substantiation: Issues and Limitations Relating to Evidence Requirements for Natural Health Product Claims	\$199.00	\$ _____

Sign up for two courses and receive a 10% discount. Sign up for three or more courses and receive a 25% discount. Please apply all applicable discounts to the total. All values in Canadian Dollars.

SUBTOTAL \$ _____
GST (5%) \$ _____
TOTAL \$ _____

PAYMENT INFORMATION

Credit Card: VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number: _____

Expiry Date: _____

Name on Card: _____

Amount: \$ _____

Signature: _____

CSC (# on back of card): _____

Cheque: Please send all cheques made payable to:

dicentra inc. at B002 – 21 Phoebe Street, Toronto, ON M5T 1A8 CANADA

GST # 86019 9538 RT0001