**Interdisciplinary Palliative Care Education Funds**

## Final Claim Form

**To be submitted within 2 weeks of completion of the educational event.**

**Attach copies of receipts and proof of completion of course.**

***Please print***

|  |  |
| --- | --- |
| **Registrant Name:** | |
| **Education Event Attended:** | |
| **Education Event Start/End Date:** | |
| **Did this event meet your expectations:** | |
| **How will you transfer your learning to your daily practice:** | |
| **Would you recommend this education to others/why:** | |
| **Name 3 ways you will share this learning with others:** | |
| **Who is being reimbursed:** Registrant **** Employer **** | |
| **Cheque to be made payable to:** | |
| **Cheque to be mailed to the following address:** | |
| **Total Cheque Request (per pre-approval) :** | **$** |
| **Signature:** | **Date:** |

**Please mail, e-mail, or fax back to:**

**Hospice of Waterloo Region**

**298 Lawrence Avenue, Kitchener, ON N2M 1Y4**

**FAX: 519-743-7021 e-mail:** [**hospice@hospicewaterloo.ca**](mailto:hospice@hospicewaterloo.ca)

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| --- | --- | --- |
| Office Use Only | **Chq Amount** |  |
| **Chq Issue Date** |  |
| **Chq #** |  |
| # of Participants \_\_\_\_\_\_Functional Centre 725 50 94 10 | |