

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 <input type="checkbox"/> Employer <input type="checkbox"/>	
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

<i>Office Use Only</i>	Chq Amount	
	Chq Issue Date	
	Chq #	
	# of Participants _____ Functional Centre 725 50 94 10	