

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 education event.

Please print if not using fillable form

Registrant Name	Last:	First:
Education Event Attended		
Education Event	Start Date:	End Date:
Did this education event meet your expectations?		
How will you transfer your learning to your daily practice?		
Would you recommend this education to others/why?		
Name three 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

For Office Use Only	Chq Amount	\$
	Chq Issue Date	
	Chq #	
	# of Participants _____ Functional Centre 725 50 94 10	

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

Hospice of Waterloo Region, 100 Solstice Way, Waterloo, ON N2K 0G3

Fax: 519-743-7021 Email: accounting@hospicewaterloo.ca