

# 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***

<b>Registrant Name:</b>	First:	Last:
<b>Education Event Attended:</b>		
<b>Education Event:</b>	Start Date:	End Date:
<b>Did this education event meet your expectations?</b>		
<b>How will you transfer your learning to your daily practice?</b>		
<b>Would you recommend this education to others/why?</b>		
<b>Name three ways you will share this learning with others:</b>		
<b>Who is being reimbursed?</b> <input type="checkbox"/> Registrant <input type="checkbox"/> Employer		
<b>Cheque to be made payable to:</b>		
<b>Cheque to be mailed to the following address:</b>		
<b>Total Cheque Request (per pre-approval):</b>		<b>\$</b>
<b>Signature:</b>		<b>Date:</b>

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

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](mailto:accounting@hospicewaterloo.ca)