



## TIBDN EDUCATION DAY

November 20<sup>th</sup>, 2008: Central Public Health Labs

November 27<sup>th</sup>, 2008: Mount Sinai Hospital

Hospital/Lab Name: _____
Department: _____
Contact Person: _____
Job Title: _____ Contact # _____
Contact fax # _____ Total # attending: _____
Contact email: _____

PLEASE PRINT THE NAMES OF THOSE PEOPLE ATTENDING

NAME	EMAIL	POSITION	DEPARTMENT	DAY(S) ATTENDING	
				Nov 20 CPHL	Nov 27 MSH

Please completed form and return to  
[jou@mtsinaï.on.ca](mailto:jou@mtsinaï.on.ca) or fax (416) 586-3140 by October 31, 2008