

Instructions:

Section A and **Section B** are mandatory fields.

Section C is mandatory ONLY for courses applying for Tax Receipt eligibility.

Section A: HOST DETAILS

Course Host (Division/Section): Orthopaedic Division

Contact Name for Event: Colleen Dorion

Phone: (613)601-1570 _____ Email: cdorion@physiotherapy.ca

Contact Name for Registration: Colleen Dorion

Contact Email for Registration: Cdorion@physiotherapy.ca

URL for Registration AND/OR Course Information:

<https://cpa.embodiaacademy.com/webinars/790-patellofemoral-pain-assessment-and-treatment-updates-canadian-physiotherapy-association-orthopaedic-division>

Section B: COURSE DETAILS

Course Title: Patellofemoral Pain - Assessment and Treatment Updates

Instructor(s): Claire Robertson MSc PGCE MCSP

Course Date: Saturday May 13th, 2023

Course Time: 9:00am EST

Registration Fees:

(Please include the applicable HST/GST in the Fee: i.e. Registration Fee+HST/GST)

OD Members: FREE

CPA Members: \$10 + tax

NON-Members: \$20 + tax

Anticipated number of Registrants: 500

Will the course include physical contact between Instructors, live models or Registrants?

YES x NO

If yes, please describe:

Section C: TAX RECEIPT APPLICATION

Fill this section in **ONLY** if this course is (1) new, or (2) has not previously been hosted by a component group of CPA within the past 3 years. Note: Courses shorter than 4 hours in duration or for which registration fees are less than \$100 are not eligible for Tax Receipts.

Course Objectives: _____

Course Description: _____

Course Instructor(s) Bio(s): _____

Format of Session: _____

PLEASE FORWARD TO:

Professional Development
CPA National Office
270 - 955 Green Valley Cres., Ottawa, ON K2C 3V4
Phone 613-564-5454 / 800-387-8679
Fax: 613-564-1577
E-mail: pd@physiotherapy.ca