

Registration Form

Optimizing Opioid Agonist Maintenance Treatment

Personal Information:

First & Last Name:

Full Mailing Address:

Phone Number: Fax Number:

Email Address:

Registration Information:

Course/Webinar Title:

Fee:

Brightspace Access Information:

Have you had previous Dalhousie Brightspace access

If yes, Brightspace NetID: _____

Email, mail, or fax completed registration form to: