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| iwh_logo_black | **Institute for Work & Health**  **Systematic Reviews Workshop**  **May 15-17, 2019** | | | | | | | | **REGISTRATION FORM** | | | | | | | |
| Please, complete this form and send it with the payment to:  Lyudmila Mansurova  Institute for Work & Health  481 University Avenue, Suite 800  Toronto, ON M5G 2E9 | | | | | | Phone: (416) 927-2027 ext 2137  FAX: (416) 927-4167  E-mail: srworkshops@iwh.on.ca | | | | | | | | | | |
| **Please, complete electronically or print legibly** | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | Degree | |
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| About your previous exposure to systematic reviews (these will help us to plan the presentations) | | | | | | | | | | | | | | | | |
| What topics are you interested in? | | | |  | | | | | | | | | | | | |
| Have you ever participated in a systematic review? | | | | Yes How many?        No | | | | | | | | | | | | |
| Have you ever participated in a Cochrane review? | | | | Yes How many?        No | | | | | | | | | | | | |
| Please rate your ability to: | | | |  | | |  | | | | |  | |  | |  |
| * perform a literature search | | | | none | | | poor | | | | | fair | | good | | excellent |
| * critically appraise primary studies | | | | none | | | poor | | | | | fair | | good | | excellent |
| * critically appraise a review of the literature | | | | none | | | poor | | | | | fair | | good | | excellent |
| * perform a meta-analysis (statistical pooling) | | | | none | | | poor | | | | | fair | | good | | excellent |
|  | | | | | | | | | | | | | | | | |
| Your expectations for this workshop: | | | | | | | | | | | | | | | | |
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| Payment can be made by cheque payable to the *Institute for Work & Health*, by VISAor Mastercard | | | | | | | | | | | | | | | | |
|  | |  | $1500 (professional) | |  | | |  | | | | | | | | |
|  | |  | $ 500 (student / trainee) | |  | | |  | | | | | | | | |
| Credit card information:  (we do not accept American Express) | | VISA  Mastercard Holder name: | | | | | | | | | | | | | | |
| Credit card number: | | | | | | | | | | | | | | |
| Expiry date: | | | | | | | | Signature: | | | | | | |
| **Cancellation Policy:** For cancellations received by the Institute for Work & Health in writing (by e-mail or fax) before April 24, 2019, refunds will be made, less a $50 administrative fee. For cancellations received in writing after April 24, 2019, refunds will be made, less a $250 administrative fee. No refunds will be made for cancellations received less than 48 hours prior to the start of the workshop. The workshop organizers reserve the right to alter the program or speakers if circumstances so dictate. | | | | | | | | | | | | | | | | |