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| iwh_logo_black | **Institute for Work & Health**  **Systematic Reviews Virtual Workshop**  **December 8-9, 2021** | | | | | | | | | | | **REGISTRATION FORM** | | | | |
| Please, complete this form and send it with the payment to:  Lyudmila Mansurova  Institute for Work & Health  400 University Avenue, Suite 1800  Toronto, ON M5G 1S5 | | | | | | 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) | | | | | | | | | | | | | | | | |
| 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 |
| What topics are you interested in? | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |
|  | |  | $750 (professional) | |  | | |  | | | | | | | | |
|  | |  | $250 (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 email or fax) after December 1, 2021, refunds will be made, less a $50 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. | | | | | | | | | | | | | | | | |