



L'Hôpital de Montréal pour enfants
The Montreal Children's Hospital

Centre universitaire de santé McGill
McGill University Health Centre

Mini-Med School at The Children's

► Learn and Discover

- The uniqueness of children's diseases and challenging medical problems.
- Exciting scientific advances in pediatrics
- The "feeling" of attending a real medical school lecture.

► Open to Everyone

Mini-Med School at The Children's is open to anyone interested in science and medicine: parents and grandparents wanting first hand medical knowledge, young people considering medical careers, budding science journalists, as well as teachers and daycare workers.

Lectures will be given by distinguished physicians, professors and researchers from The Montreal Children's Hospital and the McGill Faculty of Medicine. Graduation certificates will be presented at the last lecture. No medical or science background is required and there is no homework or exams.

When: Monday evenings
September 8, 15, 22, 29 and October 6

Time: 7:00 pm – Registration, Course Handouts, Refreshments
7:30 to 8:30 pm – Lecture
8:30 to 9:00 pm – Questions and Answers

Where: The Montreal Children's Hospital of the MUHC, Forbes-Cushing Amphitheatre • 2300 Tupper Street corner Atwater

► Enrollment Information

- Advance enrollment and payment are required.
- Cost for series: Adults \$60.00
Seniors/Full-Time Student \$30.00
- The lectures are a series, enrollment in individual lectures is not possible. No refunds after August 30, 2008.

E-mail: info@MCHminimed.com

Telephone: (514) 412-4400 extension 23996

To enroll online (preferred method), please visit our website at www.thechildren.com (Payment by Visa or MasterCard only)

Otherwise, you may complete this form and return with payment to: The Montreal Children's Hospital F-372,
2300 Tupper Avenue, Montreal, Quebec H3H 1P3

Five Week Monday Lectures Adult • \$60 Full-Time Student • \$30 Senior (65+) • \$30

Last Name _____ First Name _____

Address _____

Postal Code _____

E-mail _____

Home Phone _____ Business Phone _____

Payment Information

Cheque (enclosed). Made payable to "The Montreal Children's Hospital - Mini-Med". Your name and address must be clearly indicated on the back.

MasterCard Card Number: _____ Expiration Date: _____

VISA Cardholder Name: _____ Signature: _____