

WHO SHOULD ATTEND?

This topic will be of particular interest to:

*Physicians
Psychologists
Psychiatrists
Lawyers
Psychotherapist
Physiotherapist
Case Manager
Chiropractor
Claims Manager
Insurance Company
Life Care Planning
Occupational Medicine
Occupational Therapist
Orthopedic Surgeon
Physical Medicine & Rehabilitation
Rehabilitation Consultant*



Don't delay any further – join CSME and be part of a growing association. Any questions contact our office at 416.487.4040 and speak with Cristina, who will be able to answer all your questions.

ABOUT CSME

The Canadian Society of Medical Evaluators (CSME) exists to serve Canadian healthcare professionals who perform medical and medico-legal evaluations as a professional service to employers, workplace safety and insurance or workers compensation boards or CSST, lawyers and the insurance industry, using evidence based medicine, best clinical practices and practice guidelines.

Members have the opportunity to contribute to the development, advancement and publication of ethical standards and guidelines for medical evaluators; to advise and offer expert consultation to the medical and other professions, organizations, and government agencies on all matters concerning independent medical evaluations in Canada; and to assist those hoping to locate available clinicians with suitable expertise.

For more information or for membership information visit our website at www.csme.org or call 416 487 4040 or toll free 888 672 9999.



Canadian Society of Medical Evaluators

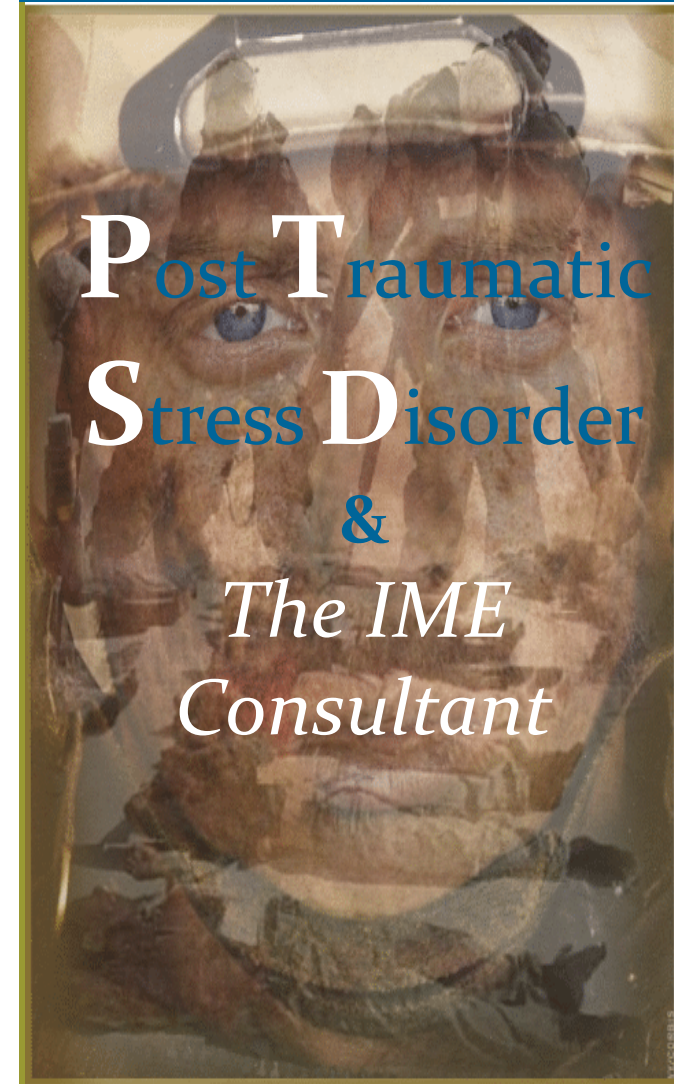
301-250 Consumers Road
Toronto, ON M2J 4V6

Tel: 416 487 4040 Toll Free: 888 672 9999

Fax: 416 495 8723

eMail: info@csme.org

Canadian Society of Medical Evaluators



Friday, April 27, 2012

Time: 8:00 am to 5:00 pm

Location:

Novotel Toronto

45 The Esplanade, Toronto, ON

SCHEDULE-AT-A-GLANCE

- 8:00 am *Registration & Continental Breakfast*
- 8:30 am *Welcome & Introduction*
- 8:45 am The Impact of Traumas: Epidemiology, Clinical Symptoms and Signs of PTSD and Other Trauma-related Reactions
with Dr. Ash Bender
- 9:45 am PTSD: Psychological Theories, and Proven Treatment Modalities
with Dr. Isabelle Cote
- 10:15 am *Q&A Period*
- 10:45 am *Morning Networking Break*
- 11:00 am Motor Vehicle Accidents and PTSD
with Dr. Tony Iezzi
- 12:00 pm Interactive Morning Panel
- 12:30 pm *Lunch*
- 1:30 pm Functional Limitations and Disability Assessments, following Traumas
with Dr. Gerald Young
- 2:15 pm PTSD in Litigation: Misdiagnosis (over diagnosis), Indirect Evidence, Co-morbidities, Future Directions **with Dr. Duncan Scott**
- 3:15 pm Interactive Afternoon Panel
- 4:15 pm *Q&A Period*
- 4:30 pm *Closing Remarks/Evaluations Forms*

Please note that we reserve the right to make speaker substitutions

Registration Form: One form per person, submit your completed registration form with your payment by email to: info@csme.org / fax: 416 495 8723 or mail to the Canadian Society of Medical Evaluators 301-250 Consumers Road, Toronto, ON M2J 4V6

Dr. Mr. Mrs. Ms. Surname: _____

First Name: _____ Badge Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Email: _____

Tel: (_____) _____ Cell: (_____) _____ Fax: (_____) _____

	Early Bird (To March 23)	Regular (After March 23)
<input type="radio"/> Member	\$395 (\$446.35)	<input type="radio"/> \$550 (\$621.50)
<input type="radio"/> Non-Member	\$495 (\$559.35)	<input type="radio"/> \$650 (\$734.50)



Payment Options: Chq Visa Amex MasterCard

Name on card: _____

CC# _____ / _____ / _____ / _____ Expiry Date: _____ / _____

Card Signature: _____

Cancellations: must be received at least 72 hours before your selected session in order to receive a refund less 25%. No refunds will be made after this point. No-shows will be charged the full fee. Registration may be transferred to another individual attending the same session.

How did you hear about the program? eMail Website Brochure Colleague Newsletter

Other _____

Would you like to receive membership information and be on our mailing list?

I do not wish to have my contact information disclosed, nor published in the Delegate List