



Medico-Legal Society of Toronto

PROFESSIONAL DEVELOPMENT AND CONTINUING EDUCATION PROGRAM

Brain Injury: Diagnosis, Treatment, Litigation

Thursday, October 24th, 2019 | Presentations: 1:00 – 4:30pm; Reception 4:30 – 5:30pm
Royal Canadian Yacht Club - 141 St. George Street, Toronto

Over the last few years, increased focus on the effects of concussion and brain injury have led to new assessment technologies as well as improved treatment and management approaches. Join us to hear Canada's leading experts in this developing field for a discussion of today's art, science and law.

Agenda

- 1:00pm Registration
- 1:30pm Introductory Remarks from Kadey and David
- 1:35pm Dr. Nick Reed, Head of Concussion Program at Holland Bloorview Kids Rehabilitation Hospital
- 2:35pm Afternoon break
- 2:50pm "Concussion and Neuroimaging: Making the Invisible – Visible"
Dr. Alain Ptito, Senior Neuroscientist, McGill University
- 3:50pm Panel: Plaintiff & Defendant
Panelists: Alison Burrison, Burrison Law, Jason Frost, Schultz Frost LLP
- 4:30pm Closing remarks
- 4:40pm Reception
- 5:30pm Close of event

Program Chairs

Kadey Schultz, Schultz Frost LLP and Dr. David Corey, Brain Scan Diagnostics

Light refreshments will be served
CPD hours will be available for this program



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Registration Form: Brain Injury: Diagnosis, Treatment, Litigation

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Tickets

	MEMBER	NON-MEMBER
Regular:	\$169.50 (\$150.00 + \$19.50 hst)	\$214.70 (\$190.00 + \$24.70 hst)
Young Practitioner*:	\$84.75 (\$75.00 + \$9.75 hst)	\$101.70 (\$90.00 + \$11.70 hst)
Student*:	\$56.50 (\$50.00 + \$6.50 hst)	\$73.45 (\$65.00 + \$8.45 hst)
Retired*:	\$56.50 (\$50.00 + \$6.50 hst)	\$73.45 (\$65.00 + \$8.45 hst)

FOUR WAYS TO REGISTER

- **ONLINE:** please go to www.mlst.ca
- **EMAIL:** please complete the form, scan and send to mlst@mlst.ca
- **POST:** please complete the form and mail to MLST, 301 – 250 Consumers Road, Toronto, ON M2J 4V6
- **FAX:** please complete the form and fax to 416.495.8723

REGISTRATION INFORMATION

Please indicate fee category:

- Member:** Regular Young Practitioner Student Retired
Non-Member: Regular Young Practitioner Student Retired

Name: _____
 Organization: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Email address: _____
 Telephone number: _____

PAYMENT METHOD Visa MasterCard Cheque

Name on card: _____
 Billing address: _____
 City: _____ Province: _____ Postal Code: _____
 Card number: _____
 Exp: ____ / ____ CVV: _____ TOTAL to be charged: \$ _____
 Signature: _____ Date: _____

MLST BN 889640165

***Young Practitioner:** in practice less than 5 years. **Student:** attending a recognized law/medical school; bar admission course; articling student; intern; resident. **Retired:** over 65 and fully retired

Cancellation Policy:

- Registrations cancelled on or before October 16th, 2019 are refundable
- Registrations cancelled on or after October 17th, 2019 are **Non-refundable**