



6021 Yonge Street, Suite #240,  
Toronto, ON M2M 3W2

## QE2 Type OSCE Mock Exam Registration Form

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First Name: .....

Last Name: .....

Address:  
.....

Tel: ( ) .....

E-mail: .....

Date of QE2 Type OSCE MOCK Exam you are registering for: .....

**Note:** A QE2 Type OSCE Mock Exam Registration Fee covers 10 stations of doctor patient encounters and post-encounter probes. The result will be given in the form of feedbacks and tables showing performance on each discipline and station.

**Registration Fee: \$380+HST (13%) = \$429.40**

**Note: No refund after registration**

**If you are registering online, you will still need to fill out this form and send it to us by either scan or mail. If you choose to pay by check or money order, please enclose your cheque with this form and please make your cheques payable to "Ontario IMG School" and mail to us at least 2 weeks before a scheduled QE2 type OSCE exam.**

Please express **mail** the registration form and the enclosed cheque or money order to the address given above.

For further information please visit the website at: [www.ontarioimgschool.com](http://www.ontarioimgschool.com)

I have read and accepted the conditions of this registration form.

**Date:** ..... **Signature:** .....