

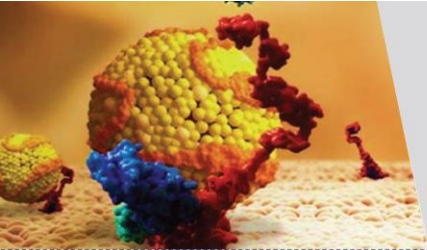
New Horizons in Dyslipidemia Management in Primary Care

SESSION SIGN IN SHEET

Program Date: _____ City, Province: _____

Speaker (s): _____

Name	Email	Specialty	Signature



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Name	Email	Specialty	Signature

This program has received an educational grant and in-kind support from Amgen Canada