



**Canadian Cardiovascular  
Society**

Leadership. Knowledge. Community.

**Société canadienne  
de cardiologie**

Communauté. Connaissances. Leadership.

**Faculty Honorarium Form**

This form is to be considered an invoice for your honorarium payment.

As an honorarium recipient we kindly ask that you complete the form below and fax/email to:

**Manager, Continuing Professional Development, CCS**

**Fax: (613) 569-6574 or Email: [cpd@ccs.ca](mailto:cpd@ccs.ca)**

❖ Please print your full name and email address:

Name of Physician	DR. AMIR JAN MOHAMED	Email:	ajan.mohamed@rogers.com
Program Title	The New CCS AF Guidelines From A to F	CCS File # (if known):	2014-18
Location of Program:	Thornhill, ON	Date of Program:	Tuesday August 25 2015
Amount of Honoraria (before-tax)	\$ 1200		

❖ Please double click the check box and select one to determine if HST/GST/QST needs to be included with the honorarium payment:

<input type="checkbox"/> Option 1	You will be acting as an independent contractor and will be solely responsible for remitting any and all taxes with respect to the payments made to you. <u>Please provide your SIN number on the honoraria form if you wish to have a T4A issued by the CCS.</u>
<input type="checkbox"/> Option 2/A: HST number	Optional: SIN number: <input type="text"/> Enter the business number as: 9 digits+RT+4digits Business number: <input type="text"/>
<input checked="" type="checkbox"/> Option 2/B: Corporation number	Enter the corporation number as: 9 digits+RC+4digits Corporation number: <input checked="" type="checkbox"/> 838413102
<input type="checkbox"/> Option 3	I wish to donate my honorarium to the Canadian Cardiovascular Society Academy
<input type="checkbox"/> Option 4	Non-Canadian Resident

❖ Mailing address:

Name to appear on cheque	A-Jannmohamed Medicine Professional Corporation		
Street address 1	63 Fitzhite Road		
Street address 2			
City	Toronto	Province	Ontario
		Postal Code	M2L 2G9
Country	Canada.		