

National Symposium on Patient Simulation

List of Attendees

Last Name	Name	Title	Organization	Simulation Centre/Program	Address	Fax	Phone	Email
Bowen	Susan	V.P. Western Region	Healthcare Insurance Reciprocal of Canada		155 - 1500 Carlton Street	204-949-0250	204-653-4553	sbowen@hiroc.com
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Cochrane	D		PHSA		4480 Oak Street 2075 Bayview Avenue Room E225 Toronto, ON M4N 3M5	604-875-3456	604-875-3181	dcochrane@cw.bc.ca
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