

SAMPLE HONORARIUM POLICY

You will be receiving an honorarium from the Canadian Association of Medical Oncologists (CAMO) for speaking at a CAMO educational event. Please read the policies below and complete the attached honoraria form.

Option 1: If you wish to receive the honorarium personally, you will need to include the payment on your annual personal tax return. Please provide your SIN number on the honoraria form as a T4A will be issued by the CAMO Office.

Option 2: If you wish to have the honorarium processed through your business, please provide us with your Business HST number. Taxes will be included with your honorarium

Option 3: If you wish to have the honorarium processed through your corporation, please provide us with your Corporation number. Taxes will not be included with your honorarium.

Option 4: If you wish to donate your honorarium to the Canadian Association of Medical Oncologists Fellowship Fund, please check the box on the attached Honorarium Form. Note: CAMO is not a registered charity/foundation and therefore CANNOT ISSUE a tax receipt for donations.

Honorarium Form

Please complete the form below and return it to the CAMO Office by email to:
info@camo-acom.ca.

Name: _____ Email: _____
 Title of Presentation: _____ Date of Presentation: _____
 Amount of Honorarium (before tax): _____

Please select one of the options below:

Option 1: Individual Honorarium <input type="checkbox"/>	Please provide your SIN number as a T4A will be issued by the CAMO Office. SIN number: _____
Option 2: Business <input type="checkbox"/>	Enter the business number. Taxes will be included with your honorarium payment. Business number: _____
Option 3: Corporation <input type="checkbox"/>	Enter the corporation number. Taxes will not be included with your honorarium payment. Corporation number: _____
Option 4: Donation <input type="checkbox"/>	I wish to donate my honorarium to the CAMO. I wish to be recognized for my donation: Yes _____ No _____

Mailing address

Name to appear on cheque: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____