



Registrant

Name : _____
Job Title : _____
Institution : _____
Address : _____
City : _____
State/Prov: _____
Country : _____
Zip : _____
Phone : _____
Fax : _____
E-Mail : _____
Web : _____

Conference Fees - Oct. 24-26

On Site : \$825 US _____
One Day : \$350 US October 24 October 25 October 26 _____

Event Tickets

one ticket included with full registration; none included with one-day registration

Oct. 24 : Hart House : \$50 US _____
Oct. 25 : Conference Reception : \$60 US _____

Total Due

Payment

Credit Card Payment in (\$US) Required for On-Site Registration

VISA Mastercard American Express

Number: _____ / _____ / _____ / _____ Exp. Date _____ / _____

Name on Card: _____ Signature: _____