

ABC 2024 Registration Form June 16-18, 2024



| Is this your first Annual Business Conference? | | | |
|---|----------------------|---|---|
| | □ Yes | D No | |
| DELEGATE INFORMATION Please complete information or attach business card | | COMPANION INFORMATION Please complete information | |
| Name: | | Name: | |
| Title: | | E-mail: | |
| Company: | | | |
| Address: City: | | CHILD/YOUTH INFORMATION | |
| Prov.: Postal code: | | Name: | Age: |
| Tel.: Fax: | | Name: | Age: |
| E-mail: | | Name: | Age: |
| PAYMENT INFORMATION: | | Early Bird Price (Save 5% before Feb 15 th) | After February 15 th |
| Includes all business sessions and speakers | Delegate & Companion | Delegate: \$1,140.00 Companion: \$760.00 | Delegate: \$1,200.00 Companion: \$800.00 |
| | | <u>+GST 5% \$ 95.00</u> | <u>+GST 5% \$100.00</u> |
| | | TOTAL \$1,995.00 | TOTAL \$2,100.00 |
| PLUS 5 MEALS | Delegate only | \$1,140.00 +GST <u>5%</u> \$ <u>57.00</u> TOTAL \$1,197.00 | \$1,200.00 +GST 5% |
| OPTIONAL ACTIVITIES ARE EXTRA | | | |
| PAYMENT METHOD | | | |
| E-transfer Mastercard Visa | | GST/HST#10686 1669RT0001 | |
| Card Number: | | Expiry Date: / | CVV#: |
| Card Holder Name: | | Signature: | |
| REGISTRATION PROCESS | | | |
| Please complete & forward along with ACTIVITY CHECKLIST (S) to: | | | |
| Canadian Institute of Plumbing & Heating 295 The West Mall, Suite 504, Toronto, ON M9C 4Z4 | | | |
| Tel: 1-800-639-2474 Geeta Persaud Registrar: <u>g.persaud@ciph.com</u> | | | |