



Name: _____

Work Title/Position: _____

Institution/

Organization: _____

Address: _____

City, province _____

postal code _____

Telephone number: _____

Email address: _____

Second Delegate from the same facility's name _____

The second delegate from the same facility pays half price!

Delegate Registration Form

Registration Fees:

	Before May 1	After May 1	Amount
Member Full Delegate ¹	\$ 350	\$ 450	\$
2nd Delegate from same facility ^{1,5}	\$ 175	\$ 225	\$
Non Member Full Delegate ²	\$ 485	\$ 550	\$
One Day Delegate ³	\$ 175	\$ 225	\$
Companion Program ⁴	\$ 75	\$ 88.50	\$
** Companion First Name: _____		Sub Total	\$

Tickets:

The Great CHES Golf Game (includes lunch, cart)	# tickets	x \$ 100/person	\$
Extra Banquet tickets	# tickets	x \$ 90/person	\$
Extra lunch / Breakfast tickets	# tickets	X \$ 40/person	\$

Dietary Restrictions: Vegetarian, Food Allergy (specify) _____

HST

TOTAL

\$

Do not include my name on the delegate list.

¹ includes Opening Reception, Banquet, entry to all sessions and trade show, 2 lunches, 2 breakfasts.

² includes entry to all sessions and trade show, 2 lunches, 2 breakfasts

³ includes entry to sessions that day, trade show, 1 lunch, 1 breakfast. Social events not included.

⁴ includes Opening Reception, Banquet, 2 breakfast, Keynote Address

⁵ Second delegate name must be included on this form

Please indicate if you plan to attend: Welcoming Reception

attend # _____

regrets

Banquet

attend # _____

regrets

Payment

Payment must accompany Registration Form. Cheques should be payable to: **CHES ON Send to: Ron Durocher,**

126 Woodlawn Cres, Kingsville, Ontario
N9Y 1Y6, Canada

For Visa or Mastercard payments, call 519-973-4411 x 33125 or ron.durocher@wrh.on.ca

Cancellation Policy:

Cancellation of registration must be received in writing at the conference office by **May 1, 2016** for registration fees to be refunded. A processing fee of \$100 will be charged on all refunds.

No refunds after **May 14, 2016**

Building member expertise

