



Delegate Registration Form

Name: _____ Mr. Ms.
Surname First name

Institution/Organization: _____

Mailing Address: _____

_____ city province postal code

Tel: _____ Fax: _____

Email: _____

If you are a CHES Member please provide your member number: _____

Registration Fees:

	Amount
Registration Fee (includes 1 year CHES Membership) \$475.00	\$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

Dietary Restrictions: Vegetarian Food Allergy (specify) _____

Front Line Staff Registration: You can register a maximum of 2 staff for no additional fee. They can attend the trade show only from 11:00 -14:40 (Lunch and PM refreshment break provided).

Name: _____ Vegetarian Food Allergy (specify) _____

Email: _____

Name: _____ Vegetarian Food Allergy (specify) _____

Email: _____

PAYMENT

Please Send an Invoice:

Cheques should be payable to: **CHES MB Education Day**

Credit Card:

Visa MasterCard Amex

Card No. _____

Expiry Date and V-code: _____

Signature: _____

Send to: CHES Manitoba Education Day
4 Cataragui Street, Suite 310
Kingston ON K7K 1Z7
Fax: 613-531-0626

Cancellation Policy: Cancellation of registration must be received in writing at the Conference Office by **March 23, 2018** for registration fees to be refunded. A processing fee of \$25 will be charged on all refunds. No refunds after March 15, 2018

IMPORTANT NOTICE FOR CREDIT CARD PAYMENTS

Credit card payments forwarded to the CHES Office via email or telephone will reflect "Events & Management Plus Inc." as the vendor on your statement