

GENERAL REGISTRATION FORM

CATIE 2010 ATLANTIC EDUCATIONAL CONFERENCE

August 4-5, Delta Prince Edward, Charlottetown, Prince Edward Island

Each individual planning to attend the CATIE 2010 Atlantic Educational Conference (AEC 2010) must complete a separate registration form. There is no charge for registration. Information collected on this form is confidential and will be used solely for the purpose of determining attendance and for post-meeting follow up by CATIE.

Please print clearly in black ink.

| PERSONAL INFORMATION: | | |
|---|---|--|
| Title: Mr./Mrs./Ms./Dr. | First Name: | Last Name: |
| Organization: | | |
| Mailing address: | | |
| City: | Province: | Postal code: |
| Daytime telephone : (include area code) | FAX : (include area code) | |
| E-mail: | | |
| SPECIAL NEEDS: | | |
| <i>Please note: CATIE will do its best to accommodate special requests but cannot guarantee their availability.</i> | | |
| <input type="checkbox"/> Wheelchair access | <input type="checkbox"/> Vegetarian meals | |
| <input type="checkbox"/> Other (please specify): | | |
| CATIE MEMBERSHIP: | | |
| <input type="checkbox"/> I am a current CATIE Member | <input type="checkbox"/> I am not a current CATIE member, I will visit www.catie.ca and fill out the online membership form | <input type="checkbox"/> I am not sure: please contact me if I need to renew my membership |
| <input type="checkbox"/> I will be attending as an Individual | <input type="checkbox"/> I will be attending as a representative of an organization. Indicate organization (if applicable): | |

PLEASE NOTE: To avoid disappointment, please register early. Registration in advance of the July 30, 2010 deadline helps us ensure sufficient seating and food. On-site registration will be dependent on available space and cannot be guaranteed.

Please mail or fax this form by July 30, 2010 to:

CATIE - AEC 2010
555 Richmond St. West, Suite 505
Toronto, ON M5V 3B1
Fax: 416-203-8284

Please complete the second page of this form
if you would like CATIE to book your accommodations.

www.catie.ca • 1-800-263-1638 • info@catie.ca



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ACCOMMODATIONS: (Please complete this section if you would like CATIE to book your accommodations.)

I would like CATIE to reserve a room on my behalf and charge my credit card the cost of accommodations

First night staying at hotel: ___ / ___ / _____ (dd/mm/yyyy)

Last night staying at hotel: ___ / ___ / _____ (dd/mm/yyyy)

_____ nights x \$209.43 = _\$ _____

Please fill in the total number of nights you will be staying and calculate the total.

PAYMENT DETAILS:

VISA MasterCard AMEX

Name on Card: _____

Card #: _____

Expiry Date ___ / ___ (mm/yyyy)

Security Code _____

MasterCard & Visa: the last three digits AFTER the credit card number in the signature area on the back of the card.

American Express: the four-digit card number on the front of the credit card above the card number on either the right or left side of your card.

By checking this box, I agree to the above charges

If faxing this acceptance...

Signature: _____

If e-mailing this acceptance...

Phone # of Card Holder: _____ - _____ - _____

Please mail or fax this form by July 30, 2010 to:

(Be sure to include both pages if you are requesting accommodations)

CATIE - AEC 2010

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