

# 2012 ANNUAL COMPETITION LAW FALL CONFERENCE

## SEPTEMBER 20-21, 2012

### MEETING VENUE

**Hilton Lac-Leamy**  
3 Casino Boulevard, Gatineau, QC  
Telephone: 819-790-6444

### HOTEL RESERVATION

Please contact the hotel directly, by **August 31, 2012** and refer to the **CBA Competition Law Conference** to obtain the preferred rate of \$219.00.

### TRAVEL

**Book online** at [www.aircanada.com](http://www.aircanada.com) to take advantage of a 10% discount on Tango Plus, Latitude and Executive airfares to **Ottawa (YOW)** using promotion code **NCPXEA61** at the time of booking.

Book online at <http://www.flyporter.com> or call 1-888-619-8622 using promo code **CLFC12** to receive a 20% discount on all fare classes for attendees. The discount applies to the best available published fares at the time of booking.

### CAR RENTAL

**AVIS**, the official rental car supplier of the CBA, offers special rates and promotions. [Reserve online](#) or call 1-800-879-2847 and quote the Avis Worldwide Discount (AWD) # **C136400**.

**Budget**, the official car and truck rental supplier of the CBA, offers special rates and promotions [Reserve online](#) or call 1-800-268-8900 and quote the Budget Customer Discount Code (BDC) # **A033600**.

### INFORMATION & REGISTRATION

Pay by credit card (Visa, AMEX or MasterCard), or send cheque or money order made payable to the Canadian Bar Association together with this registration form to:

#### Mahogany Jones, PD Conference Coordinator

Canadian Bar Association  
865 Carling Ave., Suite 500  
Ottawa, ON, K1S 5S8  
**Phone:** 613-237-2925; 800-267-8860 ext. 189  
**Fax:** 613-237-0185  
**Email:** mahoganyj@cba.org

### CANCELLATION POLICY

There will be a 20% administrative charge for any cancellation received in writing prior to **August 20, 2012**. No refund will be given after **this date**. **All optional event payments are non-refundable**. There will be no refunds for "no-show" registrants.

### PERSONAL INFORMATION CONSENT

CBA's programs are supported by preferred suppliers, sponsors, and exhibitors. Subject to the following paragraph, I understand that the provision of contact information on this form constitutes my consent to such information being disclosed to the preferred suppliers, sponsors, and exhibitors of this program. For further information about the CBA's treatment of personal information, see members' Privacy Policy at [www.cba.org](http://www.cba.org).

By checking this box , I do not wish my contact information disclosed to the preferred suppliers, sponsors, and exhibitors of this program.

By checking this box , I do not wish my name to appear on the delegate list.

	FEE	TOTAL
<input type="checkbox"/> CBA Members	\$640 + tax	\$735.84
<input type="checkbox"/> CBA Members (within 5 years of call)	\$440 + Tax	\$505.89
<input type="checkbox"/> Students (CBA Members)	\$250 + tax	\$287.44
<input type="checkbox"/> Non-Members	\$750 + tax	\$862.31

**\*\*Competition Bureau Personnel, please register via Diane Cooper\*\***

**\*\*For information about group discounts, please contact Mahogany Jones\*\***

**Yes**, I wish to register for the Wednesday, September 19<sup>th</sup> **Competition Bureau Charity Golf Event** (which includes golf, reception and dinner) for an additional fee of \$300.

**Yes**, I wish to register for the Wednesday, September 19<sup>th</sup> **"After-Golf" Reception and Dinner Event Only** for an additional fee of \$80.

**Yes**, I wish to purchase a ticket for the Thursday evening dinner with keynote speaker **Kurt Eichenwald** for an additional fee of \$95.00 + taxes (total= \$109.23).

**Yes**, I wish to attend the **COMPLIMENTARY Panel Discussion and Networking Event hosted by Canadian Women in Competition Law** on Friday, September 21<sup>st</sup> from 12:30 PM to 2:00 PM and earn one (1) additional CPD credit.

**Yes**, I would like to join the CBA now and pay the member fee to attend this program. I understand that a membership representative will be contacting me.

CBA Membership Number

Mr.  Ms.

Surname

Given Name

Firm or Organization

Address

City

Province

Postal Code

Office Phone No.

Fax No.

E-mail (required)

Please indicate special needs (dietary, wheelchair access, etc.)

#### Method of Payment (PAYMENT DUE WITH COMPLETED REGISTRATION FORM)

Cheque (payable to the CBA)    Visa    MasterCard    AMEX

Card No.

Expiry Date

Authorized Signature

**Invoices will not be issued. Payment must be received prior to the conference.  
All receipts will be sent after the conference.**