

Registration Form

MEETING VENUE

Morris J. Wosk Centre for Dialogue
580 West Hastings Street
Vancouver (Downtown), BC V6B 5K3
Website: www.sfu.ca/dialogue

HOTEL VENUE AND RESERVATION

Adjacent to the meeting venue
Delta Hotel Vancouver
550 West Hastings Street
Vancouver (Downtown), BC V6B 1L6
Toll Free : 1-888-663-8811
Website: www.deltahotels.com

Please contact the hotel directly and refer to the **2009 Health Law CLE- Critical Issues in Health Law** to obtain the preferred rate. The preferred room rate is available until **April 20, 2009**.

TRAVEL

Air Canada is the official carrier for all our CBA meetings. In order to receive a 10% discount, you must book your flight on-line at www.aircanada.ca and indicate the promotion code **GAKY9781**. **The discount is not available if you call Air Canada directly.**

REGISTRATION

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

Sheila Mills
CLE Program Coordinator
Canadian Bar Association
865 Carling Ave., Suite 500
Ottawa, ON, K1S 5S8 or
Fax information to 613-237-0185

PAYMENT MUST BE RECEIVED PRIOR TO THE ACTUAL CONFERENCE TOGETHER WITH YOUR COMPLETED REGISTRATION FORM. ALL RECEIPTS ARE MAILED OUT AFTER THE CONFERENCE.

CANCELLATION POLICY

There will be a 20% administrative charge for any cancellation received in writing prior to **April 20, 2009**. No refund will be given after this date.

There will be no refunds for "no-show" registrants. The program material will be shipped to registrants unable to attend the program within 15 days of the program.

INFORMATION

For further information about this program, please contact **Sheila Mills** at the CBA National Office by telephone at **613-237-2925** or **1-800-267-8860 ext. 107**, or by e-mail at sheilam@cba.org.

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.

By checking this box , I do not wish my contact information disclosed to the preferred suppliers, sponsors, and exhibitors of this program. I understand that my name will not appear on the delegates list.

2009 NATIONAL HEALTH LAW CONFERENCE

May 21 - 22, 2009 - Delta Hotel, Vancouver, BC

	FEE	GST (5%)	TOTAL
Members			
<input type="checkbox"/> Full Conference Pass	\$515.00	\$25.75	\$540.75
<input type="checkbox"/> Thursday Only Pass	\$395.00	\$19.75	\$414.75
Students (CBA Members)			
<input type="checkbox"/> Full Conference Pass	\$480.00	\$24.00	\$504.00
<input type="checkbox"/> Thursday Only Pass	\$230.00	\$11.50	\$241.50
Non-Members			
<input type="checkbox"/> Full Conference Pass	\$615.00	\$30.75	\$645.75
<input type="checkbox"/> Thursday Only Pass	\$495.00	\$24.75	\$519.75

* **QUEBEC RESIDENTS**, please add the QST of 7.5% to your total.

- Yes**, I will be attending the dinner at the top of Grouse Mountain (complimentary for all conference delegates). Transportation not provided to Grouse Mountain.
- Yes**, I will be bringing a guest to dinner at \$50.00 plus \$2.50 GST = \$52.50.
- Yes**, I am interested in attending the Thursday night zip line at \$97 plus \$4.85 GST = \$101.85.
- 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.
- No**, Materials will be available for sale online following the conference. Please visit www.cba.org/store for prices and other information.

CBA Membership No.

Mr. Ms.

Surname

Given Names

Firm or Organization

Address

City

Province

Postal Code

Office Phone No.

Fax No.

Email

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

Method of Payment (payment due with registration application)

Cheque Visa Mastercard Amex

Card No.

Expiry Date

Authorized Signature