

REGISTRATION FORM

MEETING VENUE

Toronto Board of Trade
One First Canadian Place
77 Adelaide St W, Toronto, ON M5X 1C1
(416) 366-6811 / www.bot.com

TRAVEL

AVIS offers several special rates. Call 1-800-879-2847 and quote the Avis Worldwide Discount # C136400.

Budget offers special rates as well. Call 1-800-268-8900 and quote the Budget Customer Discount Code # A033600.

REGISTRATION & INFORMATION

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

Marianne Pelletier, PD Coordinator
Canadian Bar Association
865 Carling Ave., Suite 500, Ottawa, ON, K1S 5S8
phone: (613) 237-2925 / 1 (800) 267-8860 x189
fax: 613-237-0185
email: mariannep@cba.org

REFUND POLICY

There will be a 20% administrative charge for any cancellation received in writing prior to **April 25, 2017**. No refund will be given after April 25, 2017. **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.

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.

CBA Competition Law Spring Conference May 25, 2017

	FEE	TOTAL
<input type="checkbox"/> CBA Members	\$475.00 + taxes	\$536.75
<input type="checkbox"/> CBA Young Lawyers (Within 5 years of call)	\$340.00 + taxes	\$384.20
<input type="checkbox"/> Students (CBA Members)	\$265.00 + taxes	\$299.45
<input type="checkbox"/> Non-Members	\$575.00 + taxes	\$649.75

CBA HST Number: 10684 3444 RT0001

Membership Number:

☐ Ms. ☐ Mr.

Surname

Given Name

Firm or Organization

Address

City

Province

Postal Code

Office Phone No.

Fax No.

E-mail

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

Method of Payment

☐ Cheque (payable to the CBA) ☐ Visa ☐ MasterCard ☐ AMEX

Card No.

Expiry Date

Authorized Signature