

# REGISTRATION FORM

## MEETING VENUE & ACCOMMODATION

### MEETING VENUE

Shaw Centre  
55 Colonel By Dr. | Ottawa, ON | K1N 9H4  
(613) 563-1984

### ACCOMMODATION

Le Germain Hotel Ottawa  
30 Daly Ave. | Ottawa, ON | K1N 6E2  
(613) 691-3225

### TRAVEL

**Avis**, the official rental car supplier of the CBA, offers several special rates. Reserve [online](#) or call 1-800-525-7537 and quote the Avis Worldwide Discount (AWD) **#C136499**.

**Budget**, the official car and truck rental supplier of the CBA, offers special rates and promotions. Reserve [online](#) or call 1-800-842-5628 and quote the Budget Customer Discount Code (BDC) **#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:

Alisha Emond, Event Planner  
Canadian Bar Association  
66 Slater St., Suite 1200, Ottawa, ON K1P 5H1  
**phone:** (613) 237-2925 / 1 (800) 267-8860 x189  
**fax:** 613-237-0185 **email:** [alishae@cba.org](mailto:alishae@cba.org)

### REFUND POLICY

There will be a 20% administrative charge for any cancellation received in writing prior to **March 6, 2019**. No refund will be given after March 6, 2019. **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.

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

## CBA Health and Wellness Conference April 6, 2019 | Ottawa, ON

|  | FEE              | TOTAL    |
|--|------------------|----------|
| <input type="checkbox"/> CBA Members                 | \$395.00 + taxes | \$446.35 |
| <input type="checkbox"/> Young Lawyers (CBA Members) | \$300.00 + taxes | \$339.00 |
| <input type="checkbox"/> Students (CBA Members)      | \$150.00 + taxes | \$169.50 |
| <input type="checkbox"/> Non-Members                 | \$500.00 + taxes | \$565.00 |

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 (due with registration form):

Cheque (payable to the CBA)  Visa  MasterCard  AMEX

Card No.

Expiry Date

CVV No.

Authorized Signature

**PAYMENT MUST BE RECEIVED PRIOR TO THE CONFERENCE. PLEASE NOTE THAT WE DO NOT INVOICE. ALL RECEIPTS ARE SENT ELECTRONICALLY AFTER THE CONFERENCE.**