



2009 NATIONAL TRADE SHOW & EDUCATION FORUM

Canadian Healthcare Engineering Society (CHES)

Delta Convention Centre, St. John's NL
September 20-22, 2009

Registration Form

Name: _____ Mr. Ms. Dr.
Surname First name

Work Title/Position: _____

Institution/Organization: _____

Mailing Address: _____
city province postal code

Tel: _____ Fax: _____

Email: _____

If you are a CHES Member please provide your member number: _____

Registration Fees:	Before July 31	After July 31	Amount
Member Full Delegate ¹	\$ 415	\$ 485	\$ _____
Non-member Full Delegate ¹	\$ 495	\$ 565	\$ _____
Retired Delegate ¹	\$ 250	\$ 275	\$ _____
Student Delegate ²	\$ 250	\$ 275	\$ _____
One Day Delegate ³ Day (Monday or Tuesday)	\$ 215	\$ 250	\$ _____

¹ includes Opening Reception, Banquet, entry to all sessions and trade show, 2 lunches, 2 breakfasts.

² includes entry to all sessions and trade show, 2 lunches, 2 breakfasts

³ includes entry to sessions that day, trade show, 1 lunch, 1 breakfast. Social events not included.

Accompanying Person Meal Package⁴ \$ 150/person \$175/person \$ _____

⁴ includes Opening Reception, Banquet, 2 breakfast, Keynote Address

First Name _____ Last Name _____

Tickets:

Extra Banquet tickets # tickets _____ x \$ 95/person \$ _____

The Great CHES Golf Game (includes cart) # tickets _____ x \$ 98/person \$ _____

Tour Tickets

From the Top of the City (Sunday with lunch) # tickets _____ x \$ 99/person \$ _____

Museums of St. John's (Monday with lunch) # tickets _____ x \$ 90/person \$ _____

From the Top of the City (Monday afternoon) # tickets _____ x \$ 68/person \$ _____

Galleries of St. John's (Tuesday morning) # tickets _____ x \$ 60/person \$ _____

Sub Total: \$ _____

(GST: 118833193) **Add 13% HST:** \$ _____

TOTAL AMOUNT: \$ _____

Dietary Restrictions: Vegetarian Food Allergy (specify) _____

Do not include my name on the delegate list.

PAYMENT

Payment must accompany Registration Form. Cheques should be payable to: **CHES 2009**.

Credit Card:

Visa MasterCard Amex

Card No. _____

Expiry Date: _____

Signature: _____

Send to: CHES 2009
4 Catarauqui Street, Suite 310
Kingston ON K7K 1Z7
Fax: 613-531-0626

Cancellation Policy: Cancellation of registration must be received in writing at the Conference Office by **August 31, 2009** for registration fees to be refunded. A processing fee of \$25 will be charged on all refunds. No refunds after August 31, 2009.