CHES SCISS
Canadian Healthcare Engineering Society
Société canadienne d'ingénierie des services de santé

CANADIAN HEALTHCARE CONSTRUCTION COURSE

REGISTRATION FORM

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

Institution/Organization: _____

Mailing Address: _____
city province postal code

Tel: _____ Fax: _____

Email: _____

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

Location:

☐ **Calgary AB**
April 10-11, 2008

☐ **Toronto ON**
October 30-31, 2008

☐ **Vancouver BC**
February 2-3, 2009

Registration Fees:		**Amount**
Member[1]	$ 765	$ _____
Non-member[1]	$ 895	$ _____
Special Offer[2]	$ 885	$ _____

[1] includes 2 breakfasts, 2 lunches, Course materials.
[2] includes Course registration (1) plus CHES membership for 2008-09 ($120 value).

(GST: 118833193)

Sub Total: $ _____
Add 5% GST: $ _____
TOTAL AMOUNT: $ _____

Dietary Restrictions: ☐ Vegetarian ☐ Food Allergy (specify) _____

PAYMENT
Payment must accompany Registration Form. Cheques should be payable to: **CHES Construction Course**.

Credit Card:
☐ Visa ☐ MasterCard ☐ Amex

Card No. _____

Expiry Date: _____

Signature: _____

Send to: CHES Construction Course
4 Cataraqui 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 **10 days before the course date** for registration fees to be refunded. A processing fee of $25 will be charged on all refunds. No refunds for requests less than 10 days prior.