

CANADIAN HEALTHCARE CONSTRUCTION COURSE REGISTRATION FORM

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

Institution/Organization: _____

Position: _____

Mailing Address: _____
Street city province postal code

Tel: _____ Fax: _____

Email: _____

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

Location:

Ottawa ON **St. John's NL*** **Toronto ON**
May 28-29, 2009 Sept. 23, 2009* October 27-28, 2009

* St. John's course only valid if taken in combination with the 2009 CHES National Tradeshow & Education Forum September 20-22, 2009.

Registration Fees:

	<u>Ottawa/Toronto</u>	<u>St. John's</u>	Amount
Member ¹	\$ 765	\$ 395	\$ _____
Non-member ¹	\$ 895	\$450	\$ _____
Special Offer ²	\$ 885	\$515	\$ _____

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

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

Group rate: Companies/regions who register 5 delegates or more are granted the member rate. Complete a form for each registrant.

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 Cataragui 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.

(GST: 118833193)