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with PIA LAW
and TORONTO ABI NETWORK

2015 CONFERENCE - *A Brave New World*

REGISTRATION FORM

SPACE IS LIMITED, PLEASE REGISTER EARLY. Registrations will be confirmed (by e-mail where possible) upon receipt of payment. Please complete a copy of this form for every delegate.

Thursday, September 10, 2015 • Four Seasons Hotel Toronto, 60 Yorkville Avenue, Toronto, ON

REGISTRATION FEE : \$125.00* All proceeds from this conference will be donated to Toronto ABI Network

*Registration includes Continental breakfast, lunch, cocktail reception and printed conference material. A Certificate of Attendance will be included in the delegate package.

DELEGATE REGISTRATION INFORMATION

Please print clearly.

Organization: _____

Name: _____ Position: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Ext: _____ E-mail: _____

Confirmation Notice and Receipt: (If different from email provided above) _____

FOR REGISTRATION INFORMATION CONTACT: Chantal Larose 416-597-3422 ext. 3960 | info@abinetwork.ca

Complete the following and fax your completed registration form to 416-597-7021 or mail to the Toronto ABI Network at the address below.

**PAY by CHEQUE
or MONEY ORDER**

Please make cheque/money order payable to:

"University Health Network in Trust for
Toronto ABI Network"

Send your payment with this completed
registration form to:

Toronto ABI Network
c/o Chantal Larose
520 Sutherland Drive
Toronto, ON M4G 3V9

PAY by: **VISA** **MC** **AMEX**

Please charge \$ _____ to the following card.

Card #: _____ EXP: _____

Cardholder Name: _____

Signature: _____

(Registration will not be processed without a valid credit card holder signature)

No refunds will be provided. Registration substitution may be accommodated.

