# REGISTRATION FORM

#### Meeting Venue

### **The Westin Prince**

900 York Mills Rd, Toronto, ON M3B 3H2 (416) 444-2511

#### RESERVATIONS

Please contact the hotel directly and refer to The CBA's Wills and Estate Conference to obtain the preferred rate. Please note that the preferred room rate is subject to availability. Reserve early to ensure space.

## **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:

### Marianne Pelletier, PD Coordinator

Canadian Bar Association 865 Carling Ave., Suite 500, Ottawa, ON, K1S 5S8 phone: (613) 237-2925 / 1 (800) 267-8860 x189 fax: 613-237-0185 email: mariannep@cba.org

#### REFUND POLICY

There will be a 20% administrative charge for any cancellation received in writing prior to **September 26**, **2016**. No refund will be given after September 26, 2016. 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 <a href="https://www.cba.org">www.cba.org</a>.

By checking this box  $\Box$ , I do not wish my contact information disclosed to the preferred suppliers, sponsors, and exhibitors of this program.

By checking this box  $\square$ , I do not wish my name to appear on the delegate list.

# MEMBERSHIP

 $\square$  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.

# 2016 Wills & Estates Conference Oct. 26-30, 2016 | Toronto, ON

|                           |   | FEE                                  | IOIAL                    |
|---------------------------|---|--------------------------------------|--------------------------|
| ☐ CBA Members             | (after August 8)                              | \$1,925.00 + HST<br>\$2,225.00 + HST | \$2,175.25<br>\$2,514.25 |
| □ Non-Members             | (after August 8)                              | \$2,625.00 + HST<br>\$3,025.00 + HST | \$2,966.25<br>\$3,418.25 |
|                           |   | CBA HST Nu                           | mber: 10684 3444 RT000   |
| *Please note: Registra    | ation fee includes all<br>refer to the agenda |                                      | s and 2 dinners. Please  |
| Membership Number:        |   |                                      |                          |
| ☐ Ms. ☐ Mr.               |   |                                      |                          |
|                           |   |                                      |                          |
| Surname                   | Given Name                                    |                                      |                          |
| Firm or Organization      |   |                                      |                          |
| Address                   |   |                                      |                          |
| City                      | Provinc                                       | е                                    | Postal Code              |
| Office Phone No.          | Fax No.                                       |                                      |                          |
| E-mail                    |   |                                      |                          |
| Please indicate special n | eeds (dietary, wheeld                         | hair access, etc.)                   |                          |
| Method of Payment (due    | with registration for                         | m):                                  |                          |
| □Visa                     | □MasterCard                                   | AMEX                                 |                          |
| Card No.                  |   | Expiry Date                          |                          |
|                           |   |                                      |                          |

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.

