REGISTRATION FORM

MEETING VENUE & ACCOMMODATION

Toronto Board of Trade

First Canadian Place 77 Adelaide Street West Toronto, ON M5X 1C1 (416) 364-1211

TRAVEL

AVIS, the official rental car supplier of the CBA, offers several special rates. Reserve <u>online</u> or call 1-800-525-7537 and quote the Avis Worldwide Discount (AWD) **#C136499.**

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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:

Sarah Massia, PD Coordinator Canadian Bar Association 66 Slater St., Suite 1200, Ottawa, ON K1P 5H1 phone: (613) 237-2925 / 1 (800) 267-8860 x196 email: sarahm@cba.org

REFUND POLICY

There will be a 20% administrative charge for any cancellation received in writing prior to April 16, 2019. No refund will be given after April 16, 2019. 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 www.cba.org.

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.

☐ 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.

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TOTAL FEE ☐ CBA Members \$385.00 + taxes \$435.05 ☐ Young Lawyers (CBA Members) \$350.00 + taxes \$395.50 ☐ Students (CBA Members) \$169.50 \$150.00 + taxes ☐ Non-Members \$495.00 + taxes \$559.35 CBA HST Number: 10684 3444 RT0001 Membership Number: ☐ Ms. ☐ Mr. Surname Given Name Firm or Organization Address Postal Code Province Office Phone No. Fax No. E-mail Please indicate special needs (dietary, wheelchair access, etc.) Method of Payment (due with registration form): ☐ Cheque (payable to the CBA) ■MasterCard **□**AMEX Card No. **Expiry Date** CVV No.

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.