## CBA ACCESS TO INFORMATION AND PRIVACY LAW SYMPOSIUM

OCTOBER 18-19, 2019 | OTTAWA, ON

Special Needs (dietary, accessibility, etc.)



## **GROUP REGISTRATION FORM**

1-800-267-8860 x176 or sebastienr@cba.org

## Save 20%\* off each registration for groups of 5 or more

- Valid only on full delegate registrations (excluding Student registrations)
- All groups of 5 or more registrants must be from the same organization and register at the same time to qualify for discount
- All registrants of group applying for the discount must list their names and member number (if applicable) below
- Full payment must be received at the time of registration
- \* Student registrations are excluded from the discount, but will count towards the minimum 5 required.

REGISTRANT INFORMATION		ORGANIZATION INFORMATION
Surname	Given Name	Organization
Email	CBA No.	Address
Special Needs (dietary, accessibility, etc.)		City Province Postal Code
Surname	Given Name	Phone Phone
Email	CBA No.	METHOD OF PAYMENT □ Cheque (payable to the CBA)
Special Needs (dietary, accessibility, etc.)		Card No. Expiry CVV No.
Surname	Given Name	Authorized Signature
Email	CBA No.	REFUND POLICY
		There will be a 20% administrative charge for any cancellation received in writing prior to September 18, 2019. No refund will be given after September 18, 2019. There will be no refunds for "no-show" registrants.
Special Needs (dietary, accessi	ibility, etc.)	If cancellations result in group consisting of less than 5 people, the discount will be reversed and remaining registrants will be charged the full registration fee.
Surname	Given Name	PERSONAL INFORMATION CONSENT
Email	CBA No.	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,
Special Needs (dietary, access	ibility, etc.)	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 □, I do not wish my contact information disclosed to the preferred
Surnam	Given Name	suppliers, sponsors, and exhibitors of this program.  By checking this box □, I do not wish my name to appear on the delegate list.
Email	CBA No.	Check here if more than 5 people are registering and submit additional sheets as required.
		If you have any questions please contact the Séhastien Ranger at