CBA LEADERSHIP CONFERENCE

FOR PROFESSIONAL WOMEN

Special Needs (dietary, accessibility, etc.)

OCTOBER 18-19, 2019 | HALIFAX, NS



GROUP REGISTRATION FORM

1-800-267-8860 x149 or angeliegb@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	
Suranga	Circa Nama	Organization	
Surname	Given Name		
Email	CBA No.	Address	
Special Needs (dietary, accessibilit	ty, etc.)	City Province Postal Code	
Surname	Given Name	Phone	
		METHOD OF PAYMENT	
Email	CBA No.		
Special Needs (dietary, accessibilit	cy, etc.)	Card No. Expiry CVV No.	
Surname	Given Name	Authorized Signature	
		REFUND POLICY	
Email	CBA No.	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, accessibilit	ty, 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, sponsors, and exhibitors of this program. For further information about the CBA's treatment	
Special Needs (dietary, accessibility	ty, etc.)	of personal information, see members' Privacy Policy at www.cba.org.	
	a	By checking this box □, I do not wish my contact information disclosed to the preferred suppliers, sponsors, and exhibitors of this program.	
Surnam	Given Name	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 Angèlie Gilchrist Blanchard at	