## CBA CHARITY LAW SYMPOSIUM

## MAY 11, 2018 | TORONTO, ON

member fee to attend. I understand that a membership

representative will be contacting me.

## REGISTRATION MEETING VENUE & ACCOMMODATION **Total** Toronto Region Board of Trade First Canadian Place, Suite 350, 77 Adelaide St West, ☐ CBA Members \$514.15 \$455 + taxes Toronto, ON M5X 1C1 ☐ Students (CBA Members) \$367.25 \$325 + taxes Website: <u>www.bot.com</u> | Phone: (416) 366-6811 ☐ CBA Young Layers \$463.30 \$410 + taxes ■ Non-Members \$565 + taxes \$638.45 **TRAVEL** ☐ I live outside the GTA and would like to attend by webcast. AVIS, the official rental car supplier of the CBA, offers several special rates. Reserve online or call 1-800-879-☐ Yes, I will attend the Closing Cocktail Reception on Friday, May 11, 2018. 2847 and quote the Avis Worldwide Discount (AWD) #C136400. HST Number: 10684 3444 RT0001 Budget, the official car and truck rental supplier of the CBA, offers promotions and special rates. Reserve online or call 1-800-268-8900 and quote the Budget Membership Number: Customer Discount Code (BDC) #A033600. ☐ Ms. ☐ Mr. **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: Surname Given Name Miranda Boyer, PD Coordinator Canadian Bar Association 865 Carling Ave., Suite 500, Ottawa, ON, K1S 5S8 Firm or Organization phone: (613) 237-2925 x177 / 1 (800) 267-8860 fax: 613-237-0185 email: mirandab@cba.org Address **REFUND POLICY** There will be a 20% administrative charge for any cancellation received in writing prior to April 11, 2018. No refund will be given after April 11, 2018. There will be no Postal Code City Province refunds for "no-show" registrants. PERSONAL INFORMATION CONSENT CBA's programs are supported by preferred suppliers, Office Phone No. Fax No. 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, E-mail 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. Please indicate special needs (dietary, wheelchair access, etc.) By checking this box , I do not wish my contact information disclosed to the preferred suppliers, sponsors, and exhibitors of this program. Method of Payment (due with registration form): By checking this box □, I do not wish my name to appear ☐Cheque (payable to the CBA) ■ MasterCard **□**AMEX □Visa on the delegate list. ☐ Yes, I would like to join the CBA now and pay the

Card No.

Authorized Signature

PAYMENT MUST BE RECEIVED PRIOR TO CONFIRMATION OF REGISTRATION.

**Expiry Date**