REGISTRATION FORM

MEETING VENUE & ACCOMMODATION

The Taj Hotel 15 Arlington St Boston, MA, USA 1 617-536-5700

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 at the CBA National Office in writing prior to May 11, 2018. No refund will be given after May 11, 2018. All optional event payments are non-refundable. 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 , I do not wish my contact information disclosed to the preferred suppliers, sponsors, and exhibitors of this program.

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

CBA/ABA/IPEBLA Global Pension and **Employee Benefits Lawyers Conference** June 10-12, 2018 | Boston, MA

| □ CBA/ABA/IPEBLA Members | FEE \$755 | TOTAL \$755 CAD |
|---|---------------------------------|---|
| | | |
| □ Young Lawyers (CBA/ABA/IPEBLA Members) | \$680 | \$680 CAD |
| □ CBA Students Members (CBA/ABA/IPEBLA Members) | \$395 | \$395 CAD |
| □ Non-Members | \$995 | \$995 CAD |
| OPTIONAL EVENTS (please note that refundable) | | umber: 10684 3444 RT0001 ancellable and non- |
| ☐ Yes, I would like to attend the Bo | | June 10 for \$ 75 CAD |
| □ Yes, I would like to attend the Oo \$ 145 CAD □ I require additional tick | | nday, June 11 for |
| *Please note, the registration rates | are in Canadian Dollars and | l are tax exempt. |
| Membership Number: ☐ Ms. ☐ Mr. | | |
| Surname | Given Name | |
| Firm or Organization | | |
| Address | | |
| City | Province | Postal Code |
| Office Phone No. | Fax No. | |
| E-mail | | |
| Please indicate special needs (dieta | ry, wheelchair access, etc.) | |
| Method of Payment (due with regist ☐ Cheque (payable to the CBA) | tration form): □Visa □Master | rCard □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.