

**REGISTRATION FORM**

**DELEGATE / EXHIBITOR**

(please print clearly )

NAME: \_\_\_\_\_ Title: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PC \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Additional Delegate(s)

# 1: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ e:mail: \_\_\_\_\_

# 2: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ e:mail: \_\_\_\_\_

Registration Fees

Conference Delegate \$ 845

8'x10' Trade Show Booth: \$1,045 # of booths: \_\_\_\_\_ Total: \_\_\_\_\_

10'x10' Trade Show Booth: \$1,245 # of booths: \_\_\_\_\_ Total: \_\_\_\_\_

Delegate: \$845 # of delegates: \_\_\_\_\_ Total: \_\_\_\_\_

Total: \_\_\_\_\_

5% GST: \_\_\_\_\_

Total: \_\_\_\_\_

PAYMENT:  Cheque  VISA  Master Card  Money Order / Bank Draft  Invoice (Chamber members only)

Please make cheques / money orders / bank drafts payable to the Edmonton Chamber of Commerce

CREDIT CARD #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card holder Name: \_\_\_\_\_

Note: A processing fee of \$150 will apply with cancellations received before April 1, 2009. All cancellations must be received in writing. No refunds will be apply after April 1, 2009.

I understand and accept the registration and cancellation conditions as expressed herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_