



CAEM/RICN Convention & Trade Show

"Doing It Right"

September 19th to 21st, 2010

Blue Mountain Resort



Delegate Registration Form

Name: _____
PLEASE PRINT CLEARLY Surname First name Position

Institution/Organization: _____

Mailing Address: _____

_____ City Province Postal Code

Tel: _____ Fax: _____ CAEM Member Number: _____

Email work: _____, Email other: _____

Registration Fees: Before August 15th After August 15th Amount

CAEM Member Full Delegate \$275.00 \$325.00 \$ _____

Non – Member Full Delegate \$325.00 \$375.00 \$ _____

¹ includes Welcoming Reception, Banquet, entry to all sessions and trade show, 2 breakfasts and 2 lunches

Extra Banquet tickets # persons _____ X \$ 50.00 \$ _____

Sub Total \$ _____

TOTAL AMOUNT \$ _____

Dietary Restrictions:	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Food Allergy (specify)	<input type="checkbox"/> Other:
Please indicate if you plan to attend:	<input type="checkbox"/> Welcoming Reception	<input type="checkbox"/> Attend	<input type="checkbox"/> Regrets
	<input type="checkbox"/> Banquet	<input type="checkbox"/> Attend	<input type="checkbox"/> Regrets

Payment Must Accompany Registration Form

Cheque should be payable to CAEM
At this time we are not set up for Online Payments.

Cancellation Policy:
Cancellation of registration must be received in writing by August 31st, 2010 for fee to be refunded. A processing fee of \$25.00 will be charged.

**Send to: CAEM c/o Keith Sopha
Homewood Health Centre
150 Delhi Street, Guelph ON N1E 6K9**

If you require assistance call 519-824-1010 extension 2395 or email register@homewood.org