

CHAC CONFERENCE - REGISTRATION



April 30 – May 2, 2010
Delta Chelsea Hotel
Toronto, ON

Step 1 – General Information

(Please print) - Mr. Mrs. Ms. Dr. Other (please specify : _____)

Name

Position

Organization

Address

City _____ Prov./State _____ Postal Code _____

Telephone

E-Mail

Step 2 – Confirmation

Please note the following events are included as part of your Full Conference Registration Fee. For catering purposes you must indicate if you are participating. If you need extra tickets for guests, see **Step 3**

Will you attend:

– Friday Opening Reception Yes No

– Saturday Banquet Yes No

I would like to receive the delegates kit at the conference in: English French

Step 3 – Registration

Full registration includes all conference sessions, conference materials, opening reception, one ticket for the Saturday banquet, Saturday and Sunday breakfasts, Saturday and Sunday lunch and all breaks.

Conference Registration Fee		Amount
– Full Registration (by Feb 1, 2010) (early bird)	\$495	\$
– Full Registration (Feb 2 – April 23, 2010)	\$545	\$
– One Day Registration	\$250	\$
Additional Tickets for Guests		
– Friday Reception (# of tickets: _____)	\$30/ticket	\$
– Saturday Banquet (# of tickets: _____)	\$100/ticket	\$
Total of Registration Fee & Additional Tickets		\$

Step 4 – Payment

By Cheque (please make cheque payable to: **Catholic Health Alliance of Canada**)

Please invoice me

Credit Card VISA MasterCard

Card Number _____ Expiry Date _____

Card Holder Name – Please print _____

Your registration fee must be paid in full before April 23, 2010.

Catholic Health Alliance of Canada
1247 Kilborn Place, Ottawa, ON K1H 6K9
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