

ACE-ODAM 2017 Registration Form (page 1 of 2)

On-line registration on our conference web site at www.ace-ergocanada.ca is the fastest way to complete your registration. However, if you prefer, you may fax or mail this form with your registration information.

Personal Information

Mr. Mrs. Ms. Dr. Prof

Name _____

Job Title _____

Company _____

Mailing Address _____

City _____ Prov/State _____ Postal Code: _____

Phone: _____

E-mail: _____ (all updates and confirmations will be communicated via e-mail)

I require special services and have attached a list of my needs

CONFERENCE REGISTRATION

All Fees in Canadian Dollars

Full Conference - July 31—August 3, 2017

(Includes lunch each conference day, conference program, opening reception and conference proceedings)

Day Rate - Full Day

| All rates in \$CDN | ACE Member | IEA Society members & ACE Affiliate Members | Non- Members | Student |
|----------------------------|------------|---|--------------|---------|
| Early (by June 30, 2017) | 750.00 | 800.00 | 850.00 | 475.00 |
| Late (after June 30, 2017) | 850.00 | 900.00 | 950.00 | 525.00 |

(Includes lunch, conference program and proceedings)

Select date(s) of attendance:

July 31 Aug 1 Aug 2 Aug 3

| All rates in \$CDN | ACE Member | IEA Society Members & ACE Affiliate Members | Non-Members | Student |
|---------------------------|------------|---|-------------|---------|
| Early (by Sept 4, 2015) | 250.00 | 300.00 | 350.00 | 150.00 |
| Late (after Sept 4, 2015) | 300.00 | 350.00 | 400.00 | 175.00 |

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EXTRAS

Opening Reception and Exhibitor Showcase: Monday, July 31, 2017

(Full conference delegates receive one complimentary ticket)

Number of Guests ____ x 40.00 \$ = _____\$

Extra Lunch Tickets (included for Full conference and Full Day Conference Delegates)

Number of Tickets: ____ x 35.00 = _____\$

Extras Subtotal: \$ _____

TOTAL PURCHASE

\$ _____ Conference Registration Subtotal

\$ _____ Extras Subtotal

\$ _____ Subtotal

\$ _____ GST (5%)**

\$ _____ **TOTAL**

**All delegates must pay GST regardless of country or province of origin unless their organization is GST exempt. GST Exempt organizations must provide a letter of certification stating exempt status and that the registration is being paid by said organization.

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Method of Payment

A cheque or money order in the amount of \$ _____(CDN) and payable to ACE is enclosed.

Please charge \$ _____(\$CDN) to my MasterCard or Visa

Credit Card Number: _____ Expiry: _____

Authorized Signature: _____

Name of Cardholder: _____

Cancellation Policy: Requests for refunds must be sent in writing to ACE. A refund minus a \$50.00 processing fee is available if the request is received by June 30, 2017. A refund minus a 100.00 processing fee is available if the request is received after June 30, 2017.

No refunds will be made for cancellations received after July 16, 2017. Substitutions, from the same company only, may be made at any time and must be submitted in writing. The appropriate member/non-member rate will apply for substitutions. A full conference registration can only be used for a single individual.

Fax to: (416) 929-5256 or **Mail to:** ACE, Suite 200 - 411 Richmond St E, Toronto, ON, M5A 3S5

Email: events@ace-ergocanada.ca

GST#: 10242 3761 RT0001

Register on-line at www.ace-ergocanada.ca For information, call 1-888-432-2223 or 416-477-0914