

2006 Annual Conference Registration Form

Name: _____

Email: _____

Phone: _____

Special needs (e.g. mobility, diet): _____

Name of guest(s): _____

PAYMENT (Please see sponsorship options for benefits)

Conference	to April 21	after April 21
CAPHC Members _____ @	\$120	\$150
Non Members _____ @	\$145	\$175
Total \$ _____		
Cocktail Reception / Dinner (same fees for all attendees)		
_____ @ how many people?	\$ 80	\$ 95
<small>(non-alcoholic beverages will be made available)</small>		
<input type="checkbox"/> vegetarian _____ option how many people? (same price as above)		
Total \$ _____		
Total Amount Enclosed \$ _____	Cancellations received after April 21 will forfeit \$50 per registrant.	

Please make cheques payable to CAPHC and mail to:

CAPHC | ACECP
George Brown House,
50 Baldwin Street, Suite 211, Toronto, Ontario M5T 1L4