



REGISTRATION FORM

Surname: _____ First Name: _____ Mr. Ms. Dr.

Organization: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____ Is this your first CALL Conference? Yes No

Members of CALL, AALL and CLA qualify for registration at the member rate. If applicable, please indicate which association you are affiliated with:

CALL Member AALL Member CLA Member

REGISTRATION FEES (GST/HST #122939713):

| <i>Full Registration</i> | Before March 16 | After March 16 | |
|----------------------------|-----------------|----------------|----------|
| CALL Member | \$460.00 | \$505.00 | \$ _____ |
| Non-Member | \$520.00 | \$555.00 | \$ _____ |
| Student (No Banquet) | \$50.00 | \$50.00 | \$ _____ |
| Student (includes Banquet) | \$100.00 | \$100.00 | \$ _____ |
| Honoured/Retired/Life | \$275.00 | \$300.00 | \$ _____ |

Full registration includes 3 continental breakfasts, 3 lunches, Refreshment Breaks, Opening Reception, Exhibitor Wine & Cheese Reception, Closing Banquet, access to all sessions and Exhibit Hall.

Day Registration (Date: _____)

| | | | |
|-------------|----------|----------|----------|
| CALL Member | \$180.00 | \$195.00 | \$ _____ |
| Non-Member | \$200.00 | \$215.00 | \$ _____ |

Day registration includes attendance at sessions for day registered, admission to Exhibit Hall for day registered, continental breakfast and lunch for day registered. Only ONE DAY may be attended.

Pre-Conference CALL Workshop Registration - Saturday May 23

| | | | |
|-------------|----------|--|----------|
| CALL Member | \$95.00 | | \$ _____ |
| Non-Member | \$125.00 | | \$ _____ |

Workshop registration includes Refreshment Breaks. Minimum number applies.

Social Activities

tickets

| | | | |
|---|---------|----------|----------|
| Deluxe Historic Halifax City Tour - Sat. May 23 | _____ x | \$ 38.00 | \$ _____ |
| Mahone Bay & Lunenburg Tour - Sat. May 23 | _____ x | \$ 65.00 | \$ _____ |
| Extra Tickets to Banquet - Tues. May 26 | _____ x | \$ 75.00 | \$ _____ |

SUB-TOTAL: \$ _____

GST/HST Exemption Number: _____ HST (x 13 %): \$ _____

TOTAL FEES: \$ _____

PAYMENT: Cheque payable to: CALL 2009 Visa Mastercard Amex

Credit Card number _____

Expiry date _____

Signature _____

Food restrictions/allergies: shellfish nuts vegetarian

Other (please specify) _____

If your allergies are severe, please make arrangements directly with the hotel for special meals to be delivered.

Cancellations and Refunds: Cancellation of registration must be received in writing at the Conference Office by May 8, 2009 in order for registration fees to be refunded. An administrative fee of 10% of your total fee will be assessed on all refunds. No refunds will be issued after May 8, 2009.

Conference Office: 4 Cataraqui Street, Suite 310, Kingston ON K7K 1Z7

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