



Joint Study Institute
June 20-23, 2010
Montréal QC

REGISTRATION FORM

Surname: _____ First Name: _____ Mr. Ms. Dr.
Organization: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Country: _____ Email: _____
Telephone: _____ Fax: _____

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

CALL Member AALL Member BIAL Member ALLA Member NZLLA Member CLA Member

REGISTRATION FEES (GST #122939713):

Full Registration	Before May 7	After May 7	
Member	CDN \$450.00	CDN \$500.00	\$ _____
Non-Member	CDN \$500.00	CDN \$550.00	\$ _____

Includes:

- Luncheon June 21 and 22
- Welcoming Reception June 20
- Closing Dinner June 22
- Professional Sessions and materials June 21 through 23

CDN SUB-TOTAL: \$ _____

GST Exemption Number: _____ GST (x 5 %)*: \$ _____

CDN TOTAL FEES: \$ _____

*All delegates must pay GST unless they have a Government issued exemption #.

Are you interested in taking part in a Dutch Treat event on Monday June 21, 2010 Yes No

PAYMENT:

Cheque payable to: JSI 2010 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 28, 2010** 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 28, 2010, substitutions will be accepted..

Conference Office: 4 Catarqui Street, Suite 310, Kingston ON K7K 1Z7
Tel: 613-531-9338 • Fax: 613-531-0626 • office@callacbd.ca