CCFFR & SCL 2005 FAX or MAIL IN REGISTRATION FORM

MAIL TO Conference Services

FAX TO: 519-973-7032

University of Windsor 401 Sunset Ave Windsor ON, N9B 3P4

PERSONAL INFORMATION

First Name:	Last Na	ame:		
Home Telephone: ()	Work Tel	ephone:()	
Affiliation/Institution:				
Email Address:				
Address:	☐ Home		Work	
Mailing Address:				
City:	P0	ostal/Zip Code	:	
Province/State:	Country:			
REGISTRATION				
Saturday January 8 th 2005, mo 2005, Poster Reception on Frid Please note: One registration of conference delegate, guests are we Regular Delegate R Student Delegate R	ay evening January 7 th 2005, a form per person, taxes are included elcome at an additional charge egistration	and Banquet	t on Saturday evening Ja	anuary 8 th 2005. Ided in fee for registered TOTAL
Late Registration Received A			\$ 123.00	
Regular Delegate R Student Delegate R	egistration		\$ 215.00 \$ 150.00	
NOTE: Student registration will		<u> </u>		
Student I.D. #	Name of Accredited	l Institution	1:	
I Plan to Attend Saturday, Janu Addition Banquet Tickets Requi Number Required	ired.		☐ Yes ☐ No ☐ Yes ☐ No	
PAYMENT INFORMATION	<u>ON</u>		TOTAL CHARGE	\$
□ VISA □	MASTERCARD _	AME	X CDN	CHEQUE ONLY
Name on Credit Card:				
Billing Address:				
Card Number:]-]-	☐ Expiry Da	ate:/
Signature:				