## CCFFR & SCL 2005 FAX or MAIL IN SPONSOR REGISTRATION FORM

MAIL TO
Conference Services
University of Windsor
401 Sunset Ave

Windsor ON, N9B 3P4

FAX TO: 519-973-7032

PERSONAL INFORMATION

First Name:	Last Name:	
Home Telephone: (	ork Telephone:()	
Affiliation/Institution:		
Email Address:		
Address: Hon	ne	
Mailing Address:		
City:	Postal/Zip Code:	
Province/State:Country:		
REGISTRATION		
evening January 7 <sup>th</sup> 2005, and Banquet on Saturday evening Please note: Two full registrations are included in the spo welcome at an additional charge of \$165.00 accompanying Evening Banquet separately cost: \$40.00.  Corporation Affiliate Not for Profit Affiliate Additional Delegate	nsor/exhibitor, package taxes are included. Additional Par	
I Plan to Attend Saturday, January 8 <sup>th</sup> 2005 Banquet. Addition Banquet Tickets Required for guests Number Required @ \$40.00	☐ Yes ☐ No ☐ Yes ☐ No	
PAYMENT INFORMATION	TOTAL CHARGE \$	
□ VISA □ MASTERCARD	☐ AMEX ☐ CDN CHEQUE	ONLY
Name on Credit Card:		
Billing Address:		
Card Number:	Expiry Date:	
Signature:		