

CAPIC SEMINAR REGISTRATION FORM

Seminar Date Thursday, September 23, 2010
 Seminar Location: Danish Canadian Club of Calgary
727 – 11th Avenue S.W. Calgary, Alberta T2R 0E3 ([Map](#))

HOW TO REGISTER	WHERE
By email scan copy or copy the registration table below to your email and send it to:	Email: Please follow up your registration with payment: By Cheque to CAPIC or by Credit card at https://www.capic.ca/index.php?page=pay
By Mail:	Address: 245 Fairview Mall Drive, Suite 602, Toronto, ON M2J 4T1 Please follow up your registration with payment: By Cheque to CAPIC or by Credit card at https://www.capic.ca/index.php?page=pay
By Fax:	Fax: 416-309-1985 Please follow up your registration with payment: By Cheque to CAPIC or by Credit card at https://www.capic.ca/index.php?page=pay

ADMISSION (GST included - GST#: 893905323RT0001):

	Registration with Payment received BEFORE Noon, Sept 21, 2010 (Monday)
CAPIC Member	\$32.00
Non-CAPIC Member:	\$52.00

Sign Up for CAPIC membership NOW and SAVE

Valid for new membership applications with membership fee payment – complete an online membership form at <http://www.capic.ca/index.php?page=application> make a payment for your membership fee with credit card and register for seminar at Member’s rate.
 Please contact CAPIC (416-483-7044 ext 21 or admin@capic.ca) if you have any questions.

Terms and Conditions:

- **ONLY CAPIC REGISTERED MEMBERS CAN VOTE AT THE AGM**
- Seats are provided on a first come first served basis. Preference is given to CAPIC members.
- In the event that you have registered but cannot attend, you must notify CAPIC at least 24 hours in advance. Payment will be forfeited if you fail to notify CAPIC.

LAST NAME		First Name:	
Email Address:			
Telephone Number			
Membership/Professional Status	<input type="checkbox"/> Member of CAPIC <input type="checkbox"/> Member of good standing of CSIC, CSIC ID: M _____ <input type="checkbox"/> Member of good standing of the Law Society of _____ (Province) <input type="checkbox"/> None of the Above, Please explain _____		
Payment	<input type="checkbox"/> Cheque payable to CAPIC, numbered: _____ enclosed <input type="checkbox"/> I have paid on line, transaction ID listed in my electronic receipt is: _____ <input type="checkbox"/> Please charge my credit card, with information as follows: Name on Card: _____ Card Number: _____ Card Expiry Date: _____ Billing Address: _____ Amount: _____		

I AGREE TO THE ABOVE TERMS AND CONDITIONS _____ (signature)