

WORKSHOP/SEMINAR REGISTRATION FORM

To register, please complete the form below, and fax to 905-726-4429. You will be contacted to confirm your registration before any payment processing occurs. We look forward to meeting you!

Company Name: _____
 Address: _____
 City: _____ Postal Code: _____
 Contact Name: _____
 Phone Number: _____
 Email Address: _____
(required for registration confirmation and receipt)

(check)	Workshop/Seminar	Date(s)	Session	Location
<input type="checkbox"/>	Effective Show Strategies — Planning	Wednesday, February 20, 2008	Morning	Aurora
<input type="checkbox"/>	Effective Show Strategies — Impact and Return	Wednesday, February 20, 2008	Afternoon	Aurora
<input type="checkbox"/>	Effective Show Strategies — Impact and Return	Wednesday, March 26, 2008	Afternoon	Aurora

Do you belong to a business association?** **Yes **No**

If yes, to qualify for discounted prices please provide the association name here *(note: we will confirm membership before applying discount)*:

Session	Time	# Persons**	Price (per person)	*Association Rate
<input type="checkbox"/> Morning	8:30 am – 12:00 pm	_____	\$261.45 (\$249 + GST)	\$204.75 (\$195 + GST)
<input type="checkbox"/> Afternoon	12:30 pm – 4:00 pm	_____	\$261.45 (\$249 + GST)	\$204.75 (\$195 + GST)
<input type="checkbox"/> 2 sessions (incl. lunch and ½ hour consult)	8:30 am – 4:00 pm	_____	\$519.75 (\$495 + GST)	\$418.95 (\$399 + GST)

TOTAL: \$ _____

****Additional Registrants**

Name (please print)

Email Address (required for confirmation)

Payment options (you will be contacted to confirm:

- Visa** **Corporate Cheque. PO # _____**
(PO is required and we will need to receive the cheque at least 10 business days prior to the workshop date.)
- MasterCard**

Card Number: _____ Expiry Date: _____

Cardholder's Name:
(as it appears on the card) _____

Cardholder's Signature: _____

Thank you!