

# Registration Form

## CSOT 2016 Conference · April 29–May 1

**NOTE: Registrations WILL NOT be accepted after April 22, 2016, and no onsite registration**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Post. Code: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Business: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Post. Code: \_\_\_\_\_

Current Position: \_\_\_\_\_

CSOT Member: ☐ Yes ☐ No CSOT Registry #: \_\_\_\_\_

### Registration Fee Schedule (All fees include H.S.T.)

Registration includes: Friday evening welcome reception co-sponsored by Stealth Medical and Alberta Chapter of the CSOT, sit-down Lunch Saturday sponsored by 3M Canada, attitude adjustment, dinner and entertainment sponsored by BSN Medical, printed course materials, all complimentary items, e.g., welcome reception, coffee breaks, continental breakfast, etc.

|  | Before April 15, 2016             | After April 15, 2016              |
|--|-----------------------------------|-----------------------------------|
| <b>CSOT Member</b>   | <input type="checkbox"/> \$350.00 | <input type="checkbox"/> \$400.00 |
| Student Rate   | <input type="checkbox"/> \$300.00 | <input type="checkbox"/> \$350.00 |
| One Day Fee Saturday   | <input type="checkbox"/> \$250.00 | <input type="checkbox"/> \$300.00 |
| One Day Fee Sunday   | <input type="checkbox"/> \$200.00 | <input type="checkbox"/> \$250.00 |
| <input type="checkbox"/> Vegetarian meal required              |                                   |                                   |
| <input type="checkbox"/> Dietary restrictions/allergies: _____ |                                   |                                   |
| I will attend the dinner on Saturday Evening                   | <input type="checkbox"/> Yes      | <input type="checkbox"/> No       |
| Total Amount Submitted:  | \$ _____                          |                                   |

|  | Before April 15, 2016             | After April 15, 2016              |
|--|-----------------------------------|-----------------------------------|
| <b>Non-Member</b>  | <input type="checkbox"/> \$400.00 | <input type="checkbox"/> \$450.00 |
| Student Rate   | <input type="checkbox"/> \$325.00 | <input type="checkbox"/> \$375.00 |
| One Day Fee Saturday   | <input type="checkbox"/> \$275.00 | <input type="checkbox"/> \$325.00 |
| One Day Fee Sunday   | <input type="checkbox"/> \$250.00 | <input type="checkbox"/> \$300.00 |
| <input type="checkbox"/> Vegetarian meal required              |                                   |                                   |
| <input type="checkbox"/> Dietary restrictions/allergies: _____ |                                   |                                   |
| I will attend the dinner on Saturday Evening                   | <input type="checkbox"/> Yes      | <input type="checkbox"/> No       |
| Total Amount Submitted:  | \$ _____                          |                                   |

Please NOTE: Preregistration is mandatory in order to confirm the number of meals required. If you register for the conference by phone/fax and do not attend, **YOU ARE LIABLE for the full registration fee unless you cancel within the time period stated below.**

No refunds after after April 15, 2016. Cancellation processing fee (prior to April 15, 2016): \$75.00. NSF Cheques: additional charge of \$40.00. **NO REGISTRATIONS AFTER APRIL 22, 2016, AND NO ONSITE REGISTRATION.** Sorry, we don't accept credit cards or e-transfer.

Please make CHEQUE OR MONEY ORDER payable to:

Canadian Society of Orthopaedic Technologists (C.S.O.T.) and mail along with this registration form to: 18 Wynford Drive, Suite 715A, North York ON M3C 3S2

Phone: (416) 445-4516; Fax (416) 489-7356

email: csot@look.ca website: <http://www.pappin.com/csot>