

# Back to SCHOOL

with PIA LAW  
and TORONTO ABI NETWORK

## 2015 CONFERENCE - *A Brave New World*

### REGISTRATION FORM

**SPACE IS LIMITED, PLEASE REGISTER EARLY.** Registrations will be confirmed (by e-mail where possible) upon receipt of payment. Please complete a copy of this form for every delegate.

**Thursday, September 10, 2015 • Four Seasons Hotel Toronto, 60 Yorkville Avenue, Toronto, ON**

**REGISTRATION FEE : \$125.00\*** *All proceeds from this conference will be donated to Toronto ABI Network*

\*Registration includes Continental breakfast, lunch, cocktail reception and printed conference material. A Certificate of Attendance will be included in the delegate package.

#### DELEGATE REGISTRATION INFORMATION

Please print clearly.

Organization: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ E-mail: \_\_\_\_\_

Confirmation Notice and Receipt: *(If different from email provided above)* \_\_\_\_\_

FOR REGISTRATION INFORMATION CONTACT: Chantal Larose 416-597-3422 ext. 3960 | [info@abinetwork.ca](mailto:info@abinetwork.ca)

**Complete the following and fax your completed registration form to 416-597-7021 or mail to the Toronto ABI Network at the address below.**

**PAY by CHEQUE  
or MONEY ORDER**

**Please make cheque/money order payable to:**

"University Health Network in Trust for  
Toronto ABI Network"

*Send your payment with this completed  
registration form to:*

Toronto ABI Network  
c/o Chantal Larose  
520 Sutherland Drive  
Toronto, ON M4G 3V9

**PAY by:**  **VISA**  **MC**  **AMEX**

**Please charge \$ \_\_\_\_\_ to the following card.**

Card #: \_\_\_\_\_ EXP: \_\_\_\_\_

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

Signature: \_\_\_\_\_

(Registration will not be processed without a valid credit card holder signature)

No refunds will be provided. Registration substitution may be accommodated.

