

CCCG 2007 Registration Form

Delegate Information

Name:

Affiliation:

Email address:

Registration Information

Student registration^a

× \$150 =

Regular registration

× \$300 =

One day registration

× \$100 =

Extra proceedings

× \$25 =

Total

=

^aStudent registrations must be accompanied by a copy of a valid student card.

Payment Information

Card Type:

Visa

MasterCard

Card Number:

Expiry date:

Cardholder's name:

Cardholder's signature:

Submission Information

When completed, fax a copy of this form to +1-613-520-4334.