

# CCCG 2007 Registration Form

## Delegate Information

Name:

Affiliation:

Email address:

## Registration Information

Student registration<sup>a</sup>

× \$150 =

Regular registration

× \$300 =

One day registration

× \$100 =

Extra proceedings

× \$25 =

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Total

=

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<sup>a</sup>Student 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.