

# 2010 DELEGATE REGISTRATION FORM

## DELEGATE INFORMATION

Last Name		First Name		<i>may we release your contact information to our exhibitors</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company				Title	
Address			City, Province		Postal Code
Phone		Fax		Email Address	

## CONFERENCE DETAILS

CONFERENCE DETAILS	COST	TOTAL
Full Conference Registration ( <i>November 8th, 9th &amp; 10th</i> )	\$ 525.00	\$
<del>Early Bird Registration (Registration Form &amp; Payment must be received by September 10th, 2010)</del>	<del>\$ 455.00</del>	\$
One Day Registration — Monday   Tuesday   Wednesday ( <i>please circle your choice</i> )	\$ 250.00	\$
Trade Fair Only	\$ 25.00	\$
Sponsor Company	No Charge	
Company Bonus - <b>6th Registrant free</b> , if 5 delegates register at the same time)	No Charge	

### WELCOME RECEPTION

Monday November 8th - 4:00 pm - 6:00 pm

I will attend YES  NO  *Registrants receive one (1) complimentary ticket.*

I would like \_\_\_\_\_ additional tickets

\$ 20.00/each

\$

## PROFESSIONAL DEVELOPMENT COURSES

PDC-01 CSP EXAM PREPARATION COURSE (3-day course) Friday, November 5 8:00 AM – 5:00 PM  
Saturday, November 6 8:00 AM – 5:00 PM  
Sunday, November 7 8:00 AM – 5:00 PM

\$ 950.00

\$

PDC-02 MEASUREMENT & EVALUATION IN OHS MANAGED SYSTEMS (2-day course) Saturday, November 6 8:00 AM – 5:00 PM  
Sunday, November 7 8:00 AM – 5:00 PM

*Contact CSSE for pricing & registration*

FUN RUN 5 km Run  2 km Walk

\$ 20.00

\$

## SESSION CHOICES (*circle one session per time slot or check off yes/no*)

### MONDAY, November 8th

1:00 pm - 2:30 pm OPENING KEYNOTE ADDRESS *I will attend* YES  NO

3:00 pm - 4:00 pm SESSION .....102 103 104 105

### TUESDAY, November 9th

8:30 am - 10:00 am BLOCKBUSTER SESSION..... 201 202

FULL DAY WORKSHOP SESSION..... 203  
MORNING YES  NO  AFTERNOON YES  NO

10:30 am - 11:30 am SESSION .....204 205 206 207

1:00 pm - 2:30 pm KEYNOTE PANEL DISCUSSION *I will attend* YES  NO

3:00 pm - 4:00 pm SESSION.....209 210 211 212

### WEDNESDAY, November 10th

8:00 am - 9:30 am BLOCKBUSTER SESSION..... 301 302

10:00 am - 11:00 am SESSION..... 303 304 305 306

12:00 pm - 1:00 pm SESSION..... 307 308 309 310

1:15 pm - 3:00 pm CLOSING/KEYNOTE ADDRESS *I will attend* YES  NO

Subtotal

\$

GST 5%

874585 3419 RT0001

\$

TOTAL DUE

\$

### PAYMENT METHOD (please check one)

CHEQUE  payable to HSCSA  
(please forward form & payment to  
Box 38009, Calgary AB T3K 5G9)

VISA   
MASTER CARD

Credit Card Number

Expiry Date

Signature of Cardholder

*I would prefer to be contacted for my Credit Card information.*

*Thank you for your Registration.*

Please fax completed form to 403.206.7099