

2008 DELEGATE REGISTRATION FORM

DELEGATE INFORMATION

LAST NAME:	FIRST NAME:	May we release your contact information to our Exhibitors? YES <input type="checkbox"/> NO <input type="checkbox"/>
COMPANY:		TITLE:
ADDRESS:	CITY, PROVINCE	POSTAL CODE:
PHONE:	FAX:	EMAIL ADDRESS:

MEMBERSHIP INFORMATION – please check which group(s) you or your organization have membership in

<input type="checkbox"/> Alberta Occupational Health Nurses Assn.	<input type="checkbox"/> American Industrial Hygiene Assn.	<input type="checkbox"/> Association of Canadian Ergonomists
<input type="checkbox"/> Canadian Society of Safety Engineering	<input type="checkbox"/> Student / Retired	<input type="checkbox"/> Other: please specify: _____

CONFERENCE DETAILS

Full Conference Registration (Oct 27, 28 & 29)	Cost \$ 495.00	\$
Early Bird Registration	Cost \$ 425.00 (pmt must be rec'd by Sep 12th)	\$
One-Day Registration (please circle day: MON TUE WED)	Cost \$ 250.00	\$
Full-time Student / Retiree Registration	Cost \$ 175.00	
Trade Fair Only	Cost \$ 25.00	\$
Sponsor Company or Company Bonus - 6 th Registrant (other 5 delegates must register at the same time)		No Charge
WELCOME RECEPTION – Mon, Oct 27th 4:45 to 6:30 pm		
Registrants receive one complimentary ticket		
I would like _____ additional Welcome Reception tickets	I will attend: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Cost \$ 20.00	\$

PROFESSIONAL DEVELOPMENT COURSES (circle any that you wish to attend)

DINNER	ISSUES IN ACCIDENT THEORY	Oct 24 7:00 pm	Registration	\$ 60.00	\$
PDC-01	Applied Risk Communication Skills (2 day)	Oct 25 8:30 am – 5:00 pm Oct 26 8:30 am – 5:00 pm	CSSE Members Non-Members	\$ 620.00 \$ 825.00	\$
PDC-03	Hearing Protection Devices and Hearing Conservation Programs	Oct 30 8:00 am – 4:15 pm	No charge, but attendance is limited and <u>must</u> be confirmed in writing. I will attend YES <input type="checkbox"/>		
PDC-04	CRSP Examination Preparation Workshop (2 day)	Oct 30 8:00 am – 5:00 pm Oct 31 8:00 am – 5:00 pm	Regular Students	\$ 649.00 \$ 599.00	\$
PDC-05	Health & Safety Program Evaluation (2 day)	Oct 30 8:00 am – 5:00 pm Oct 31 8:00 am – 5:00 pm	CSSE Members Non-Members	\$ 515.00 \$ 569.00	\$

SESSION CHOICES (circle one session per time slot)

Monday, October 27th	
10:00 am – Noon CSSE Session	I will attend YES <input type="checkbox"/> NO <input type="checkbox"/>
1:00 – 3:30 pm	
Opening Keynote	I will attend YES <input type="checkbox"/> NO <input type="checkbox"/>
3:45 pm – 4:45 pm	
Session 102 103 104 105 106	
Tuesday, October 28th	
8:30 am to 10:00 am	Blockbuster Session 201 202
10:30 am – 11:30 am	1:00 pm – 2:30 pm Keynote
Session 203 204 205 206 207	Session I will attend YES <input type="checkbox"/> NO <input type="checkbox"/>
3:00 pm – 4:00 pm	Session 209 210 211 212 213
Wednesday, October 29th	
8:00 am to 9:30 am	Blockbuster Session 301 302
10:00 am – 11:00 am	12:00 pm – 1:00 pm
Session 303 304 305 306	Session 307 308 309 310
1:15 – 3:00 pm	
Closing Ceremonies	I will attend YES <input type="checkbox"/> NO <input type="checkbox"/>

Subtotal	\$
GST @ 5% 874585 3419 RT0001	\$
TOTAL DUE	\$

PAYMENT METHOD (please check one)

CHEQUE Payable to HSCSA	<input type="checkbox"/> Please forward form & payment to Box 38009, Calgary, AB T3K 5G9
VISA	<input type="checkbox"/> Complete credit card information below.
MASTERCARD	<input type="checkbox"/>
CREDIT CARD NUMBER:	

EXPIRY DATE _____	
SIGNATURE OF CARDHOLDER _____	
<input type="checkbox"/> I would prefer to be contacted for my credit card information	

THANK YOU FOR YOUR REGISTRATION
Fax completed form to (403) 206-7099