

REGISTRATION FORM

MEETING VENUE & ACCOMMODATION

The Taj Hotel
15 Arlington St
Boston, MA, USA
1 617-536-5700

CBA/ABA/IPEBLA Global Pension and Employee Benefits Lawyers Conference June 10-12, 2018 | Boston, MA

REGISTRATION & INFORMATION

Pay by credit card (Amex, Visa or MasterCard), or send a cheque made payable to the Canadian Bar Association together with this registration form to:

Marianne Pelletier, PD Coordinator
Canadian Bar Association
865 Carling Ave., Suite 500, Ottawa, ON, K1S 5S8
phone: (613) 237-2925 / 1 (800) 267-8860 x189
fax: 613-237-0185 **email:** marianep@cba.org

REFUND POLICY

There will be a 20% administrative charge for any cancellation received at the CBA National Office in writing prior to May 11, 2018. No refund will be given after May 11, 2018. All optional event payments are non-refundable. There will be no refunds for "no-show" registrants.

PERSONAL INFORMATION CONSENT

CBA's programs are supported by preferred suppliers, sponsors, and exhibitors. Subject to the following paragraph, I understand that the provision of contact information on this form constitutes my consent to such information being disclosed to the preferred suppliers, sponsors, and exhibitors of this program. For further information about the CBA's treatment of personal information, see members' Privacy Policy at www.cba.org.

By checking this box , I do not wish my contact information disclosed to the preferred suppliers, sponsors, and exhibitors of this program.

By checking this box , I do not wish my name to appear on the delegate list.

	FEE	TOTAL
<input type="checkbox"/> CBA/ABA/IPEBLA Members	\$755	\$755
<input type="checkbox"/> Young Lawyers \$680 (CBA/ABA/IPEBLA Members)	\$680	\$680
<input type="checkbox"/> CBA Students Members (CBA/ABA/IPEBLA Members)	\$395	\$395
<input type="checkbox"/> Non-Members	\$995	\$995

CBA HST Number: 10684 3444 RT0001

*Please note, the registration rates are in Canadian Dollars and are tax exempt.

Membership Number:

Ms. Mr.

Surname

Given Name

Firm or Organization

Address

City

Province

Postal Code

Office Phone No.

Fax No.

E-mail

Please indicate special needs (dietary, wheelchair access, etc.)

Method of Payment (due with registration form):

Cheque (payable to the CBA)

Visa

MasterCard

AMEX

Card No.

Expiry Date

Authorized Signature

**PAYMENT MUST BE RECEIVED PRIOR TO THE CONFERENCE. PLEASE NOTE THAT WE DO NOT INVOICE.
ALL RECEIPTS ARE SENT ELECTRONICALLY AFTER THE CONFERENCE.**