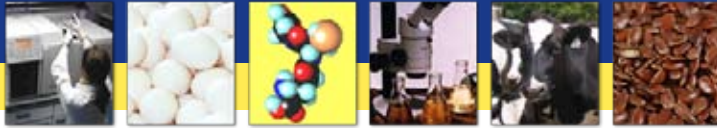


# Canadian Nutrition Congress

June 18-21, 2007

## REGISTRATION



### Contact Information: (\*\*as it will appear on your name badge)

Dr.  Mr.  Mrs.  Ms.  Other: \_\_\_\_\_

Last Name\*\*: \_\_\_\_\_ First Name\*\*: \_\_\_\_\_

Position: \_\_\_\_\_ Organization\*\*: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal Code/Zip Code: \_\_\_\_\_

Phone (including area code): \_\_\_\_\_ Fax (including area code): \_\_\_\_\_

Email: \_\_\_\_\_

### Conference Registration:

**Note:** Full Registration includes ticket to Congress Banquet and one (1) Society Luncheon

Full Registration	Early (On or before May 15)	Regular (After May 15)	Total
Member (CSAS, CSNS, or CAOCS)	<input type="checkbox"/> \$390	<input type="checkbox"/> \$440	\$
Non-Member	<input type="checkbox"/> \$440	<input type="checkbox"/> \$490	\$
Student (with valid Student ID)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	\$

### One Day Registration (Please specify date)

<input type="checkbox"/> Tuesday, June 19	Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	\$
<input type="checkbox"/> Wednesday, June 20	Non-Member	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	\$
<input type="checkbox"/> Thursday, June 21				

Additional Banquet Tickets	\$60 each x _____	\$
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My primary Society affiliation (for attendance at luncheon):

CSAS  CSNS  CAOCS

I would like more information on post conference tours.

Sub-Total	\$
Plus 6% GST (GST # 854934783)	\$
<b>TOTAL</b>	\$

### Membership Information:

If you would like information on becoming a member of CSAS, CSNS, and/or CAOCS, please visit the "Participating Societies" page on our website and follow the link to the host society's web site for full details.

### Payment:

Cheque or money order enclosed (made out to: **Canadian Nutrition Congress 2007**)

Please charge my credit card:  Visa  Mastercard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Full name on card: \_\_\_\_\_

I hereby authorize the use of my credit card for the above stated charges:

Signature: \_\_\_\_\_

### Special Needs:

Please indicate any special needs: \_\_\_\_\_

### Cancellation Policy:

Cancellations received by **May 18** will be refunded minus a \$75 cancellation fee. Cancellations received after **May 18** will not be refunded.

### Registration Process:

**1.** FAX:  
204-475-8200

OR

**2.** MAIL:  
Canadian Nutrition Congress  
212-161 Stafford St.  
Winnipeg, Manitoba R3M 2W9  
CANADA