



C.D. Howe Institute
Institut C.D. Howe

2009 CONFERENCE/ SUMMIT REGISTRATION FORM

(PLEASE PRINT CLEARLY & FAX TO **416.865.1866**)

CIC

CANADIAN INTERNATIONAL COUNCIL
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First Name: _____ Family/Surname _____

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Address: _____

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- This is my first C.D. Howe Institute conference/summit.
- I do not want the C.D. Howe Institute to publish my name on the list of registered attendees to be distributed at the conference/summit.
- I am currently not receiving conference/summit invitations. Please add me to your distribution list, (for C.D. Howe members only).
- I am currently not a member of the C.D. Howe Institute but am interested in acquiring more information about joining.
- I would like to receive future invites from the C.D. Howe Institute.

CONFERENCE/ SUMMIT REGISTRATION

Name of Conference/Summit: **Labour Market Policy for Canadian Forces** Event Code: **6159** Event Date: **October 27, 2009**

I will attend the following sessions: Morning Sessions Luncheon Afternoon Sessions

I am a: Member Guest Academic/Fellow

Substitution/Cancellation Policy: Registered guests must notify CDHI of any substitutions in writing. Cancellations should be received at least 48 hours before the event, must be in writing (fax, letter or email); telephone cancellations will not be accepted.

Mailing address: The C.D. Howe Institute, 67 Yonge Street, Suite 300, Toronto, Ontario M5E 1J8 Phone: 416.865.1904 Fax: 416.865.1866