



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

# 2010 CONFERENCE REGISTRATION FORM

(PLEASE PRINT CLEARLY & FAX TO 416.865.1866)



First Name: \_\_\_\_\_ Family/Surname \_\_\_\_\_

Title: \_\_\_\_\_  Mr  Ms  Other: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## CONFERENCE REGISTRATION

Name of Conference: **The Canadian Secured Credit Facility and the Future of the Term – ABS Market in Canada**

Location of Conference: **C.D. Howe Institute**

Event Code: **6164**

Event Date: **November 3, 2010**

## PAYMENT METHOD

Fees: **\$89 for Members; \$49 for Academics/Fellows; \$129 for Guests** I am a:  Member  Guest

Academic/Fellow

Cheque Amount enclosed: \_\_\_\_\_ Cheque Number: \_\_\_\_\_

Credit Card:  VISA  MasterCard

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

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

**Substitution/Cancellation Policy:** Registered guests must notify CDHI of any substitutions in writing. The appropriate registration fee will be applied to the substitute attendee. A refund, (minus a \$50 cancellation fee), will be given for event cancellations received in writing by the CDHI. However, refunds will not be given for cancellations received less than 48 hours before the event. Cancellations 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

[www.cdhowe.org](http://www.cdhowe.org)