



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: **Getting Pension Reform Done: Issues, Options and Next Steps**

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

Event Code: **6165**

Event Date: **December 8, 2010**

PAYMENT METHOD

Fees: **\$99 for Members; \$59 for Academics/Fellows; \$139 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