

2011 CONFERENCE REGISTRATION FORM

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



CTF CANADIAN
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(Please return form to the C.D. Howe Institute
by fax: 416-865-1866 or email to mgileadi@cdhowe.org)

Consolidating Gains, Recouping Losses: The Future of Corporate Group Taxation

First Name: _____ Last Name: _____

Title: _____ Mr Ms Other: _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Phone: _____ Fax: _____

CONFERENCE REGISTRATION

Location of Conference: Four Seasons Hotel, 21 Avenue Road, Tudor Stuart, Orange Room, Second Floor.

Event Code: 6166

Event Date: May 25, 2011, 9 am – 4 pm

PAYMENT METHOD

Fees: **\$299** for Members; **\$399** for Guests

I am a: C.D. Howe Institute Member Canadian Tax Foundation Member Guest

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.

For more information please contact Madelaine Gileadi, Conference and Special Event Officer at 416.865.1904 ext, 244
Mailing address: The C.D. Howe Institute, 67 Yonge Street, Suite 300, Toronto, Ontario M5E 1J8 Phone: 416.865.1904 Fax: 416.865.1866