

# 2011 CONFERENCE REGISTRATION FORM

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



INSTITUT **C.D. HOWE** INSTITUTE

## The Canadian Payments System: Ensuring Competition, Innovation and Stability

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

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

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

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

### CONFERENCE REGISTRATION

**Location of Conference:** C.D. Howe Institute, Osler, Hoskin & Harcourt Lecture Hall, 67 Yonge Street, Suite 300, Toronto

**Event Code:** 6169

**Event Date:** Spetember 29, 2011, 8 am – 1:45 pm

### PAYMENT METHOD

Fees: **\$159** for Members; **\$349** for Guests

I am a:  Member  Guest

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

Credit Card:  VISA  MasterCard  American Express

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 business 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