

# 2011 CONFERENCE REGISTRATION FORM

(Please Print Clearly & Fax to 416.865.1866)



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

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

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

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

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

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

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

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

## CONFERENCE REGISTRATION

**Name of Conference:** Strengthening Charity Finance in Canada.

**Location of Conference:** C.D. Howe Institute, 67 Yonge Street, Suite 300, Toronto

**Event Code:** 6167

**Event Date:** March 8, 2011

## PAYMENT METHOD

Fees: **\$89** for Members; **\$49** for Academic/Fellow; **\$159** for Guest

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)