



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

2009 CONFERENCE/ SUMMIT REGISTRATION FORM

(PLEASE PRINT CLEARLY & FAX TO **416.865.1866**)

First Name: _____ Family/Surname _____

Title: _____ Nickname (for badge): _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Phone: _____ Fax: _____

- This is my first C.D. Howe Institute conference/summit.
- I do not want the C.D. Howe Institute to publish my name on the list of registered attendees to be distributed at the conference/summit.
- I am currently not receiving conference/summit invitations. Please add me to your distribution list, (for C.D. Howe members only).
- I am currently not a member of the C.D. Howe Institute but am interested in acquiring more information about joining.
- I would like to receive future invites from the C.D. Howe Institute.

CONFERENCE/ SUMMIT REGISTRATION

Name of Conference/Summit: **Atlantic Canada's Demographic Future: Labour Challenges and Migration Issues**

Event Code: **6147**

Event Date: **May 12, 2009**

I will attend the following sessions: Morning Sessions Luncheon Afternoon Sessions

PAYMENT METHOD

Conference cost **\$99.** 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.

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www.cdhowe.org