

Registration Form

Participant Name: _____

Participant Email: _____

Participant Organization: _____

Who should the invoice be sent to (include contact info)? _____

___ I am aware that I can withdraw without penalty by April 8th

___ Do you require an invoice before April 21st? If you do, indicate the date you require the invoice by _____

___ Payment is included by: ___ cheque; ___ email (CESPEIChapter@gmail.com) or ___ invoice

Signature: _____

Note: Tea/Coffee and light snacks will be provided. Participants are responsible for their own lunch.