



2018 GOVERNANCE SUMMIT REGISTRATION FORM

Monday, November 5th, 2018 • Vancouver, British Columbia



CAPG MEMBER

NON-MEMBER

Mr.

Ms.

Dr.

Chief

First Name: _____

Last Name: _____

Position: _____

Organization/Board/Commission: _____

E-mail: _____

*LIMITED REGISTRATION - Reserve your room before Thursday, October 4th, 2018 for \$155 per night. Must reserve through CAPG directly.

Location: Westin Bayshore, 1601 Bayshore Drive Vancouver, BC V6G 2V4

ARRIVAL DATE _____

DEPARTURE DATE _____

MEMBER PRICING

\$400.00 \$ _____

NON-MEMBER PRICING

\$550.00 \$ _____

8:30 am – 4:30 pm: *Includes breakfast, lunch, coffee breaks and & all materials*

Subtotal \$ _____

5% GST \$ _____

TOTAL \$ _____

METHOD OF PAYMENT

Completed forms can be returned by fax to 613-344-2385 or by email at conference@capg.ca

MasterCard

Visa

Cheque

Electronic Funds Transfer

Card Number: _____

Expiry Date: _____

3-Digit Security Code: _____

Cardholder's Name: _____

Signature: _____

CAPG - 78 George Street, Suite 204, Ottawa, ON K1N 5W1

Telephone: 613-344-2384 • Fax: 613-344-2385

conference@capg.ca

REFUND POLICY: Refund (less 20%) if written cancellation is received 60 days prior to event. Refund (less 50%) if written cancellation is received 30 days prior to event. No refunds will be granted after October 5, 2018 although registrations are transferable. GST # 875513467RT0001

DIETARY RESTRICTIONS

Meals provided should easily accommodate most diets. Should you have any food allergies, extreme dietary restrictions or special requirements, please indicate below:

- Vegetarian Vegan Gluten-free
- Allergy/Sensitivity _____
- Other _____