

**CORS Calgary Section
Spring Conference Registration Form**



PLEASE PRINT

Registrant Name: First: Last: Initials:

Affiliation:

Address: Street: City:

Province: Postal Code:

Telephone: Bus: Fax: Home:

E-mail Address:

If you mail your registration, a receipt will be sent to this e-mail address.

Registration Fee: Regular: \$60 Cheque Enclosed: Cheque at Door: Cash at Door:
Student: \$30 Cheque Enclosed: Cheque at Door: Cash at Door:

Note: Refreshments and lunch will be provided. Please indicate any dietary restrictions below.

Please mail this completed form with your payment to: Maurice Elliott, Conference Chair, 308 Lake Mead Cres. SE, Calgary, T2J 3Z9 by March 31st.
Please make cheques payable to **CORS Calgary Section**
Or bring this form with your payment to the conference on April 7th at 8:30 AM at Western Canadian Place, 707 8th Avenue SW +30 level, Room "D"

Payment received by: Date: Mail / Door

April 7th, 2005 8:30 - 17:00
Western Canadian Place
+30 Level, Room "D"