

Back to School

with THOMSON, ROGERS
in collaboration with the Toronto ABI Network

REGISTRATION FORM

SPACE IS LIMITED, PLEASE REGISTER EARLY. Registrations will be confirmed (by e-mail where possible) upon receipt of payment. Please complete a copy of this form for every delegate.

Thursday, September 8, 2011 • Four Seasons Hotel Toronto - 21 Avenue Road, Toronto, ON

REGISTRATION FEE: \$75.00 * All proceeds from this conference will be donated to the Toronto ABI Network.

Registration includes Continental breakfast, lunch, cocktail reception and printed material. A Certificate of Attendance will be included in the delegate package.

DELEGATE REGISTRATION INFORMATION

Please print clearly.

Name: _____

Position: _____ Organization: _____

Address: _____

City: _____ Province/State: _____ Postal Code/Zip Code: _____

Phone: _____ Ext: _____ E-mail: _____

Confirmation Notice and Receipt: *(If different from email provided above)* _____

FOR REGISTRATION INFORMATION CONTACT ROBERT JESSOP: 416-597-3422 ext. 3726 | jessop.robert@torontorehab.on.ca

Complete the following and fax your completed registration form to 416 597 7021 or mail to Toronto ABI Network at the address below.

**PAY by CHEQUE
or MONEY ORDER**

**Please make cheque/money order
payable to:**

"Toronto Rehab (in trust for Toronto
ABI Network)"

*Send your payment with this completed
registration form to:*

Toronto ABI Network
c/o Robert Jessop
520 Sutherland Drive
Toronto, ON M4G 3V9

PAY by: VISA MC AMEX

Please charge \$ _____ to the following card.

Card #: _____ EXPR.: _____

Cardholder Name: _____

Signature: _____

Cancellation Policy: A refund will be provided for cancellations received in writing on or before 9:00 am on Friday, September 2, 2011.

No refunds will be provided after that date although registration substitution may be made.

FOR MORE INFORMATION ON THIS CONFERENCE, please call Joe Pileggi at 416-868-3190 or email jpileggi@thomsonrogers.com

