



Best of Show!

84th Annual C.A.F.E. Convention

**November 17 - 20, 2010
Hyatt Regency Calgary**

Companion Delegate Registration Form

PLEASE PRINT

Name: _____

Organization: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Facsimile: _____ E-mail: _____

Name to appear on Delegate Badge (if different from above) _____

Please explain any food allergies or special dietary needs: _____

CONVENTION REGISTRATION

Full Companion Delegate Registration: Participate in all available meals, evening events, and the hospitality suite.		Total (\$)
<input type="checkbox"/> Member: \$395 (PAID before May 31, 2010) \$410 (June 1 - Oct. 4, 2010) \$450 (after Oct. 4, 2010)		
<input type="checkbox"/> Non-Member: \$495 (before Oct. 4, 2010) \$550 (after Oct. 4, 2010)		
Daily Companion Delegate Registration: Participate in all available meals, evening events, and the hospitality suite for selected day.		
<input type="checkbox"/> Thursday, Nov. 18 • Member: \$195 • Non-Member: \$250		
<input type="checkbox"/> Friday, Nov. 19 • Member: \$195 • Non-Member: \$250		
<input type="checkbox"/> Saturday, Nov. 20 • Member: \$195 • Non-Member: \$250		
SUBTOTAL (A):		
(A) x 4% for credit card payment = (B) :		
[(A) + (B)] x 5% GST TAX (118829365TR0001):		
TOTAL INCLUDING TAX:		

Please note that there is no formal Companion Program this year. Please refer to the Calgary Tourism website: www.tourismcalgary.com for a full list of the fun, daytime activities available in and around Calgary.

SEND COMPLETED FORM & PAYMENT TO:

43 Eccles Street
Ottawa, Ontario K1R 6S3
Telephone: (613) 233-0012
Facsimile: (613) 233-1154
E-mail: info@canadian-fairs.ca
Website: www.canadian-fairs.ca

PAYMENT INSTRUCTIONS

- Payment must accompany the registration form.
- A fee of \$75 will be charged for cheques returned non sufficient funds (NSF).
- Official receipts will be provided at the convention.

CANCELLATION & REFUNDS

- Refund (less 20%) if written cancellation is received before Sept. 15, 2010.
- Refund (less 50%) if written cancellation is received between Sept. 15 - Oct. 15, 2010.
- No refunds will be granted after Oct. 15, 2010.

METHOD OF PAYMENT

Cheque/Money Order (payable to: C.A.F.E.)

Visa MasterCard Expiry: _____

Card Number: _____

Name of Cardholder: _____

Authorization Signature: _____

Date: _____

If credit card billing address is different from above mailing address, please provide billing address on an attached page.