

Registration Form

Complete this form and return a copy to us via fax (1-866-484-7407) or mail it to us at Registrations Cambridge International Forums Inc. 300-95 King St. East, Toronto ON M5C 1G4

Once we receive your completed Registration Form, we will confirm by email an invoice will follow.

Delegate # 1 Information

Full Name: _____
Last *First*

Title: _____

Address: _____
Street Address *Suite*

_____ *City* *Prov.* *Postal Code*

Phone: () _____ Alternate Phone: () _____

E-mail Address:

Assistant
 Name: _____
Last *First*

Phone: () _____ Email Address: _____

REGISTRATION CODE: (located on the back of the brochure)

Primary Contact for Billing and Payment

Full Name: _____
Last *First* *Initial*

Address: _____
Street Address *Suite*

_____ *City* *Prov.* *Postal Code*

Phone: () _____ Alternate Phone: () _____

E-mail Address:

Choose one option:	1. Send one invoice for the full amount for me to process on behalf of the group: Y/N
	2. Send individual invoices to ME with the group rate evenly divided among the delegates: Y/N
	3. Send each delegate an invoice with billing for their portion of the group rate only: Y/N

Delegate #2 Information

Full Name: _____
Last *First* *Initial*

Title: _____

Address: _____
Street Address *Suite*

_____ *City* *Prov.* *Postal Code*

Phone: () _____ Alternate Phone: () _____

E-mail Address:

Assistant
 Name: _____
Last *First*

Phone: () _____ Email Address: _____

Delegate #3 Information

Full Name: _____
Last *First* *Initial*

Title: _____

Address: _____
Street Address *Suite*

_____ *City* *Prov.* *Postal Code*

Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Assistant

Name: _____
Last *First*

Phone: () _____ Email Address: _____

Delegate #4 Information

Full Name: _____
Last *First* *Initial*

Title: _____

Address: _____
Street Address *Suite*

_____ *City* *Prov.* *Postal Code*

Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Assistant

Name: _____
Last *First*

Phone: () _____ Email Address: _____

Delegate #5 Information

Full Name: _____
Last *First* *Initial*

Title: _____

Address: _____
Street Address *Suite*

_____ *City* *Prov.* *Postal Code*

Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Assistant

Name: _____
Last *First*

Phone: () _____ Email Address: _____

Travelling to the conference?

Check our brochure or website for details: www.mininglaw.ca.