

2008 CONFERENCE REGISTRATION FORM

Municipal Health and Safety Association



(Please use one form per registrant)

OCTOBER 27- 29, 2008, Doubletree International Plaza Hotel, 655, Dixon Road, Toronto, Ontario

First Name Last Name

Organization

Address

City Province/State Postal Code/Zip Code

Phone Fax Email

CONFERENCE PACKAGES

<input type="checkbox"/> Full Conference <small>(includes coffee breaks/lunches & conference banquet)</small>	\$ 395	_____
<input type="checkbox"/> If registering for full conference, check box if you will be attending the Banquet		
<input type="checkbox"/> Monday Only (27 th October) <small>(includes coffee breaks/lunches)</small>	\$ 150	_____
<input type="checkbox"/> Tuesday Only (28 th October) <small>(includes coffee breaks/lunches)</small>	\$ 150	_____
<input type="checkbox"/> If registering for one day only, check box if you will be attending the Banquet	\$ 50	_____
<input type="checkbox"/> Additional Banquet tickets if required # _____	@\$50	_____
	Sub Total	_____
	5% GST	_____
	Total	_____
<p>CERTIFICATE LEVEL TRAINING – ONSITE – Register SEPARATELY online <small>(Space is limited in each program)</small></p> <ul style="list-style-type: none"> ▪ Fire Services, Level 2 (2 days) – Workplace Sector Specific Training ▪ Emergency Medical Services (2 days) - Workplace Specific Training ▪ Health & Safety for Supervisors & Managers 		

PAYMENT

Cheque (Please make cheque(s) payable to **Municipal Health and Safety Association** and mail to the address below)

Credit Card VISA MASTERCARD CHEQUE

Credit Card Number Card Expiry Date Card Holder Name as shown on Card

PLEASE INDICATE THE SECTOR YOU ARE FROM AND YOUR POSITION

SECTOR

(S1) Police (S2) Fire (S3) Paramedics (S4) Social/Health Care (S5) Public Works
 (S6) Administration (S7) Conservation Authority (S8) (First Nations) (S9) Housing Authority
 (10) Parks and Recreation (S11) Other (Specify) _____

POSITION

(P1) Elected Official (P2) Senior Management (P3) Supervisor (P4) JHSC Co-Chair
 (P5) Administration/Clerical Staff (P6) Operational Staff (P7) Other (Specify) _____

Cancellation Policy: All cancellations must be received in writing by October 10, 2008. Cancellations after this date will not be eligible for refunds or credit, but may be transferred to another individual within your organization

Copy and mail this registration form (with cheque) to:
 MicroSpec Registration Services
 2700 Dufferin Street, Unit 26, Toronto, Ontario, M6B 4J3
 This form may also be faxed to MicroSpec at: 416-780-0290

NOTE: DELEGATES MAY ALSO REGISTER ONLINE THROUGH OUR WEBSITE ZEROINONZERO.COM