

CHLA-ABSC 2019 CONFERENCE – OTTAWA – JUNE 4 – 7, 2019**REGISTRANT INFORMATION:**

Name: _____

E-mail: _____

Title: _____

Company / Institution / Library Name: _____

Address 1: _____

Address 2: _____

City: _____

Country: _____

Province / State: _____

Postal / Zip Code: _____

Phone number: _____

PLEASE LIST ANY ALLERGIES OR DIETARY REQUIREMENTS:

CONFERENCE REGISTRATION (Member/Non-Member:

Half-day registration – WEDNESDAY, JUNE 5, 2019 – 8:30AM TO 12:15PM - \$100 _____

Half-day registration – FRIDAY, JUNE 7, 2019 – 9:15AM TO 12PM - \$100 _____

PAYMENT OPTIONS:**Credit Card**

Card #: _____ Expiry: _____ CSV: _____

Name on Card: _____

or Pay by Cheque and mail to: 468 Queen Street East, LL-02, Toronto, ON M5A 1T7, Canada**Please send completed form to:** twhite@associationsfirst.com