

Workplace Health & Safety and Disability Management

18th Annual Conference and Trade Show

September 26-27, 2007
Sheraton Parkway Hotel
Richmond Hill, Ontario



Registration Form (for Mail or Fax)

Registrations received without payment will NOT be processed or confirmed.

First Name		Last Name	
Company/Organization		Business Title	
Address			
City	Province	Postal Code	
Area Code & Telephone		Fax	
Email Address			

Check here if you do NOT consent to having your contact information shared with conference sponsors. (Sharing your contact information with our sponsors helps keep registration fees low.)

Your Workshop Selections

Day 1 - September 26		First Choice	Alternate 1	Alternate 2
Morning:	101, 102, 103, 104, 105, 106, 107	<input type="text"/>	<input type="text"/>	<input type="text"/>
Afternoon:	201, 202, 203, 204, 205, 206, 207	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day 2 - September 27				
Morning:	301, 302, 303, 304, 305, 306, 307	<input type="text"/>	<input type="text"/>	<input type="text"/>
Afternoon:	401, 402, 403, 404, 405, 406, 407	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment (check all items you are paying for)

- \$300 Early Registration (Full Conference) Payment must be postmarked on or before August 31, 2007.
 \$345 Regular Registration (Full Conference) After August 31, 2007.
 \$225 One Day Only (check one): September 26 September 27

- 10% Group Discount (ONLY for Full Conference Registration for five (5) or more attendees*)
 + \$33.02 per copy of the Conference Proceedings (printed copy of all Workshop presentations)
 + 6% GST (or, if claiming exemption, include a copy of your GST Exemption Certificate)
 Total Payable (check one): Cheque Enclosed Charge to Credit Card below

Multiple Registrations:
Please submit one form for EACH participant.

Credit Card Authorization (if applicable)

"I hereby authorize a charge in the amount indicated above to the following described credit card for registration fees to attend the 18th Annual Schedule 2 Employers' Group Conference."

Visa AMEX MasterCard

_____	_____
Card Number	Expiry Date

_____	_____
Cardholder Name (exactly as it appears on the card)	Cardholder Signature

Mailing Address (must match where credit card statement is sent)

Upon completion, send this form along with payment to the Conference Office. **Fax:** (905) 831-6853 (credit card payments only) OR **Mail:** Schedule 2 Employers' Group Conference, c/o EventBuilders Inc. 1550 Kingston Road, Suite 1354, Pickering, ON, L1V 6W9. Make cheques payable to "Schedule 2 Employers' Group Conference".