



REGISTRATION FORM

Advanced Accent Reduction Techniques for Better Communication

February 12, 2016
Vancouver, BC

Name	
Company/Organization	Daytime Telephone No.
Mailing Address <i>(for receipt)</i>	E-Mail Address <i>(for confirmation email)</i>
	APEGBC System ID # _____
<input type="checkbox"/> I'd like to receive emails regarding upcoming APEGBC CPD Events SPECIAL MEAL REQUESTS – If you have any special dietary restrictions or allergies (i.e. vegetarian, gluten-free, allergy to peanuts); please contact APEGBC prior to the seminar.	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Designation <input type="checkbox"/> P.Eng. <input type="checkbox"/> P.Geo. <input type="checkbox"/> EIT <input type="checkbox"/> GIT <input type="checkbox"/> Eng.L. <input type="checkbox"/> Geo.L. <input type="checkbox"/> Applicant <input type="checkbox"/> Student Member <input type="checkbox"/> Non-Member </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Office Use Only </div>
Dates	Payment Method
<input type="checkbox"/> Member (until January 29, 2016): \$300.00 + GST = 315.00 <input type="checkbox"/> Member (after January 29, 2016): \$400.00 + GST = 420.00 <input type="checkbox"/> APEGBC Student Members: \$200.00 + GST = 210.00 <input type="checkbox"/> Non-Member: \$400.00 + GST = 420.00	<input type="checkbox"/> VISA / MasterCard / AMEX <input type="checkbox"/> Cheque, payable to APEGBC <i>(Please include the name and date of seminar with your payment.)</i> <i>If you are GST exempt, please enter your GST exemption number</i> _____ Payment Must Accompany Form <i>If you are not attaching a cheque to this form but plan to mail it in separately, please guarantee your spot by providing a credit card number below. If payment is not received by the seminar date, your credit card will be charged for the amount owing.</i> Total Payment Enclosed (including GST) \$ _____
Credit Card Information	
<input type="checkbox"/> Registration Guarantee (cheque to follow) <input type="checkbox"/> I will call with my credit card information	
Card Number _____ - _____ - _____ - _____	Card Expiry Date ____/____
Cardholder Name	Signature
Please Return Form to:	Venues
APEGBC Professional Development #200 – 4010 Regent Street Burnaby, BC V5C 6N2	<div style="display: flex; justify-content: space-between;"> <div> Tel: 604-430-8035 Fax: 604-639-8180 Web: www.apeg.bc.ca </div> <div style="text-align: center;"> Downtown Vancouver, BC </div> </div>
Cancellation Policy	
Registered attendees unable to attend the event may designate a substitute, provided APEGBC receives written notification at least one business day prior to the event. Registration information (as above) for the substitute attendee should accompany the notice. If notice of cancellation of registration is received: <ul style="list-style-type: none"> ▪ 5 business days or more prior to the event, a refund will be processed ▪ Less than 5 business days prior to the event, no refunds apply Substitute registrants are permitted up to the day of the seminar and member/non-member fees will be applied. The organizers reserve the right to cancel the event if less than the minimum required participants have registered. Liability limited to registration fee. JC	