REGISTRATION FORM

Please fax your completed Registration Form to (+1) 514-848-3171 along with an email notification to the conference secretary, Ms. Nina Dunn nina@ciise.concordia.ca
http://www.unb.ca/pstnet/pst2011/Registration.htm

First Name: _____ **Last Name:** _____

Affiliation: _____ **Paper Number:** _____

Address: _____

City: _____ **Province/State:** _____

Postal/Zip Code: _____ **Country:** _____

Tel: (country code – area code – tel no.) **Fax:** (optional)

E-mail address:

Registration Fees, 1 Paper – 1 Registration (when only one author registers, it must be at the "Regular" rate)**:** *(Please check one of the following)*

Early Bird: *(Tax Included)*

- ☐ Regular Full Registration $690.00 CDN
- ☐ Student Registration $350.00 CDN
- ☐ Innovation Day Only $230.00 CDN

Late Fees: *(Tax Included)*

- ☐ Regular Full Registration $790.00 CDN
- ☐ Student Registration $450.00 CDN
- ☐ Innovation Day Only $330.00 CDN

Author Extra Page Charges: $75.00 per page

☐ None ☐ 1 Page ☐ 2 Pages

Early Bird deadline June 24th; late fees apply after June 24th, 2011.

Payment Method: *(Visa, MasterCard)*

Credit Card Type: _____ Name on Card: _____ Amount: _____

Card Number:

Expiry date: Month _____ Year _____ Verification Code *(3 digits located on back of the credit card)* _____

Billing Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Cardholder Signature: _____

Sessions you plan to attend Tuesday, July 19, 2011: *(Please check 1 morning and 1 afternoon)*

Morning

- ☐ Workshop / Tutorial # 1
- ☐ CEALT Symposium Part 1

Afternoon

- ☐ Workshop / Tutorial # 2
- ☐ CEALT Symposium Par

**Special Dietary Requirements: _____

**Would you like to have your name included in the "Attendee List" : Yes_____ No_____