



**2019 CPR CANADA CONFERENCE
FASKEN
TORONTO, ON
February 4, 2019**

Registration Form

Registrant Information

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

Title: _____

Organization: _____

Address: _____

Phone: _____

E-mail: _____

Applicable Registration Fee (check the appropriate box)

Check the appropriate box. The registration fee includes all taxes.

Registration Fee

- Standard Registration Fee – CA\$250
- CPR Members & CPR Distinguished Neutrals – Free
- Corporate Counsel – Free
- Academics – Free
- Not-for-profit and Toronto Arbitration Place Arbitrators – CA\$125

Credit Card Payment

Please charge CA\$_____ to my: Visa MasterCard American Express

Name on Card: _____

Card Number: _____

Security Code: _____ Exp. Date: _____

Billing Address (if different from above): _____

Signature/Type Name: _____

Payment in CA\$ may also be made by check to Arbitration Place mailed to

Arbitration Place Toronto
Bay Adelaide Centre
333 Bay Street, Suite 900
Toronto ON M5H 2R2

Please send completed registration forms to Chris Silva at csilva@cpradr.org

Once your payment has been received by Arbitration Place, you will receive an email confirming your registration.