COMP 56th Annual Scientific Meeting

June 16th to June 19th, 2010
Crowne Plaza Hotel, Ottawa, ON

Registration Form

Name: _____
(first) (last)

Department: _____

Institution: _____

Address: _____

City: _____ Prov/State: _____

Telephone: _____ Email: _____

May simply attach a business card with contact details

Conference Registration Fee Schedule (Canadian Dollars)

Please check the appropriate box:

Registration for full conference; includes all social events	**Before April 26th**	**After April 26th**
☐ COMP Member	$395	$575
☐ CAP Member	$395	$575
☐ Non-Member	$650	$900
☐ COMP Student or Emeritus Member	$180	$260
☐ CAP Student Member	$180	$260
☐ Student Non-Member (include evidence of full-time student status)	$230	$280

One-day registration; *no* social events included	
☐ COMP Member	$150
☐ CAP Member	$150
☐ Non-Member	$260
☐ COMP Student or Emeritus Member	$ 60
☐ CAP Student Member	$ 60
☐ Student Non-Member (include evidence of full-time student status)	$ 75

Registration fee payable = _____

Additional Social Tickets (Companions, One-Day Registrants)

☐ Ice-Breaker, Wednesday evening, June 16 ___ ticket(s) @ $30 = _____
☐ Poster Reception, Thursday evening, June 17 ___ ticket(s) @ $30 = _____
☐ Banquet, Friday evening, June 18 ___ ticket(s) @ $100 = _____

Registration Fees = _____

☐ **Do you wish to participate in the 5K Fun Run (no fee, details to follow)**

Add GST (5%) = _____

Total amount payable = _____

NOTE: Cancellations received after May 14, 2010 will be subject to a 20 percent administrative fee. **Pre-registration closes May 21, 2010. Registrations after this date are on site only. No guarantee of banquet seating after this date.**

COMP accepts payment by cheque (in Canadian Dollars), money order, VISA or MasterCard. Please make cheque or money order payable to **COMP** and mail with this form to: **COMP, P.O. Box 72024, Kanata North RPO, Kanata, ON K2K 2P4.** ***If paying by credit card, please complete the following and fax the complete form to: 613-435-7257.***

Visa/MasterCard #: _____ Exp.Date _____/_____

Card Holder's Name: _____ Signature: _____