

Please fill out one registration form per registrant.
DO NOT use this form for Symposiums, Exams, or Conference.

First Name Last Name Title

Organization

Preferred Mailing Address:
(Not required if you are in our database)

This address is for:
 Work Home City Province/State Postal Code

Telephone Fax Email

Your preferred contact information is used for registration purposes only and will be provided to the speaker of the event or workshop for which you are registering. Please contact registration@cphrbc.ca if you have any questions regarding the use of this information. CPHR BC & YK does not distribute its contact list to any third parties.

I agree and acknowledge that I am undertaking participation in CPHR BC & YK events and activities as my own free and intentional act and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in CPHR BC & YK events and I do hereby assume responsibility for my own well-being. I also agree to notify CPHR BC & YK of any substitute participant taking my place, and to obtain such substitute participant's acceptance of these provisions.

- Member
- Non-Member
- Student or Retired Member
- Other _____

Session/Event Date

Session/Event Title

Registration Fee
Gift Certificate -
Subtotal
GST
Total Charges

Dietary and/or
Special Needs

(Please note: **webinars** are taxed at the GST/HST rate in effect in your location. Webinar registrants located outside of Canada are not subject to tax.)

(GST/HST Reg #119446714)

Payment Information: VISA AMEX MasterCard Cheque # or Money Order Enclosed

I agree to have the above Total Charges applied to my credit card. In the event that my credit card is declined for any reason, I understand that I will be charged an additional processing fee of \$30.00.

Card Number Expiry Date Name on Card

Signature

Please Note: Registrations may not be accepted on the day of workshops and events. Prepayment is required in order to reserve a seat. Registration forms submitted without payment will not be processed. The \$30 administration fee will also be applied to NSF cheques.

Cancellation Policy: A full refund, less a \$25 processing fee, will be issued for cancellations submitted at least one week prior to an event or workshop. Attendee substitutions are permitted; however, member/non-member rate differences will apply. Please submit cancellation or substitution requests by fax (604-684-3225) or e-mail (registration@cphrbc.ca). Please note that this policy does not apply to conferences, exams or no-charge registrations. CPHR exam fees are non-refundable if registration is canceled after the registration deadline.

Please fax or email this form to our Vancouver Office at 604-684-3225.
If you do not receive confirmation of registration
within 48 hours, please contact us.