

**GENERAL REGISTRATION FORM**

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 \_\_\_\_\_ 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](mailto: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.

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Member \_\_\_\_\_ Session/Event Date \_\_\_\_\_

Non-Member \_\_\_\_\_

Student or Retired Member \_\_\_\_\_

Other \_\_\_\_\_ Session/Event Title \_\_\_\_\_

Registration Fee \_\_\_\_\_

Discount - \_\_\_\_\_

Subtotal \_\_\_\_\_

GST \_\_\_\_\_ (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.)

**Total Charges** \_\_\_\_\_ (GST/HST Reg #119446714)

Dietary and/or Special Needs \_\_\_\_\_

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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 \_\_\_\_\_ CVV \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

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**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 e-mail to [registration@cphrbc.ca](mailto: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 email this form to our Vancouver Office at [registration@cphrbc.ca](mailto:registration@cphrbc.ca)  
If you do not receive confirmation of registration  
within 48 hours, please contact us.