Professional Development Symposium
GROUP REGISTRATION FORM

CPHR British Columbia & Yukon

Instructions: Please provide all the registrant's details by completing the next page and submit both pages to pd@cphrbc.ca by the registration deadline.

Contact Details
(Main contact for this group registration.)

Contact Name: _____ Phone #: _____

Company Name: _____ Email: _____

Address: _____

City: _____ Postal Code: _____

Payment Details

Fee Calculations: GST (reg # 1199446714)

Total Registration Fees: _____

Less 15% Group Discount: _____

+ Social Reception Ticket:
(not eligible for group discount) _____

+ Tax (GST 5%): _____

Total Charges: _____

By Credit Card

Credit card number: _____ Exp: _____ Ccv: _____

Name on card: _____

Card Holder's Signature: _____

By Bank Transfer

Bank Name: Coast Capital Savings Credit Union
Bank Address: Georgia Branch, Plaza Lvl,
1075 West Georgia St., Vancouver BC V6E 3C9
Bank Code: 809 Transit No.: 19180
Account No.: 041000015628

By Interac e-Transfer

Email to: payments@cphrbc.ca
Please include the invoice # in the message box.

Registrant Details

Full Name (First, Last)	Email	Job Title	CPHR BC & Yukon Member?	Attending Social Reception?	Opt-in to Event Sponsors' mailing Lists?	Special Dietary Requests
1.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
2.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
3.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
4.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
5.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
6.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
7.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
8.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
9.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
10.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
11.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
12			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
13.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
14.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
15.			☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	