



The Canadian Chamber of Commerce International Arbitration Committee Annual Conference

Friday, October 16th 2009 | University Club, 380 University Avenue, Toronto, Ontario

Please print

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Telephone: _____ Fax: _____

Email (your receipt will be sent to this email): _____

Food allergies or other dietary restrictions: _____

I will be attending:

Conference (\$183.75)

(Includes lunch)

Lunch Meal Choice

Meat

Fish

Vegetarian

Dinner (\$78.75)

Dinner Meal Choice

Meat

Fish

Vegetarian

Guest for Dinner (\$78.75)

Name: _____

Dinner Meal Choice

Meat

Fish

Vegetarian

(GST included. GST #106844285)

Payment

full payment must be received to confirm registration.

American Express

MasterCard

Visa

Name of cardholder: _____

Card number: _____ Expiry date: _____

Signature: _____

By cheque payable to the Canadian Chamber of Commerce, 420-360 Albert St., Ottawa, ON. K1R 7X7

Substitutions are permitted at any time. Cancellations are non-refundable.

Please return completed form by fax to Claire Van-Allen at (613)238-7643
by September 30, 2009

Any personal information provided on this form will be used by of Commerce
as set out in our privacy policy to conduct the transaction indicated on this
form. Please consult our privacy policy at www.chamber.ca.

The Voice of Canadian Business™

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