

# OACFP CONFERENCE AND TRADESHOW ~ OCTOBER 18-20, 2016 ~ DELEGATE REGISTRATION

*If registering for multiple people within your organization please complete and submit a separate registration form for each individual.*

**CONFERENCE PACKAGE OPTIONS**

	REG. BY SEPT 2	REG. AFTER SEPT 2	AMOUNT (\$CDN)
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<input type="checkbox"/> <b>OPTION A: FULL CONFERENCE PROGRAM.</b> Includes attendance at all educational sessions, tradeshow, receptions, meals, awards banquet. <input type="checkbox"/> OACFP Member <input type="checkbox"/> OACFP Members multiple discount (3 or more employees from the same organization) <input type="checkbox"/> Non-Member <input type="checkbox"/> <b>YES, I WISH TO PARTICIPATE IN THE FBCSA 101/PANEL, Tuesday October 18.</b> An Introduction to the Funeral, Burial and Cremation Services Act for Small and Municipal Cemetery Operators. Space is limited. <i>Must be registered for the conference to attend.</i>	\$575	\$650	\$ _____
	\$525	\$600	\$ _____
	\$700	\$775	\$ _____

<input type="checkbox"/> <b>OPTION B: ONE-DAY PROGRAM.</b> Includes participation in the events for each specific day and <b>DOES NOT</b> include attendance at the FBCSA workshops, opening welcome reception, pre-banquet reception, or banquet. Banquet tickets must be ordered separately (refer to option D below).  <b>WEDNESDAY OCTOBER 19:</b> Education programs, access to tradeshow (includes food provided at these events). <input type="checkbox"/> OACFP Member <input type="checkbox"/> Non-Member <hr style="border-top: 1px dotted black;"/> <b>THURSDAY OCTOBER 20:</b> Education programs, access to tradeshow (includes food provided at these events). <input type="checkbox"/> OACFP Member <input type="checkbox"/> Non-Member	\$350	\$425	\$ _____
	\$400	\$475	\$ _____
	\$350	\$425	\$ _____
	\$400	\$475	\$ _____

<input type="checkbox"/> <b>OPTION C: COMPANION PROGRAM.</b> For guests of registered attendees; program runs independent of main conference program. Includes tradeshow opening, breakfast on Wednesday and Thursday, transportation, lunches and activity fees. <b>Please note: Banquet tickets are extra and may be purchased separately (see below).</b> Program is subject to participation.  Name: _____	\$275	\$275	\$ _____
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<input type="checkbox"/> <b>OPTION D: AWARDS BANQUET AND ENTERTAINMENT, Wednesday October 19.</b> Includes cocktail reception, banquet and entertainment. Note: One ticket included with Full Conference Package registration. <input type="checkbox"/> \$175 per ticket. # of extra tickets: _____ Name(s): _____	\$175 each	\$175 each	\$ _____
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**YES, THIS IS MY FIRST TIME ATTENDING AN OACFP CONFERENCE**  
 As a first time attendee, we invite you to our welcome reception on October 18th. Please indicate your attendance:  **YES, I will attend**  **No, I will not attend**

**SPECIAL DIETARY REQUIREMENTS**  
 Special dietary requirements. We will make every effort to accommodate your requests.  
 Dietary Requirements: \_\_\_\_\_

Subtotal	\$ _____
HST (# 119349710) 13%	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

## REGISTRATION / PAYMENT

*(Please provide contact information as you wish it to appear on the attendee lists)*

Name \_\_\_\_\_ Organization \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**PAYMENT DUE UPON REGISTRATION AND MUST BE PAID PRIOR TO START OF EVENT.** Payment (\$CDN) by:  Cheque  VISA  MasterCard

Cardholder Name \_\_\_\_\_ Credit Card No. \_\_\_\_\_ Expiry \_\_\_\_\_ Signature \_\_\_\_\_

Mail this form along with payment to: OACFP, 27 Legend Court, PO Box 10173, Ancaster ON L9K 1P3 or Fax: 905-383-2771, or email



NOTE: If this form is accessed from a website, under some conditions you can't fill it in (e.g., if using Microsoft Edge browser) or the Submit button may not work (e.g., Chrome browser). In either case, save the PDF form to your computer and open it in Adobe Reader, complete it and send it using the submit button.