



Registration Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ E-Mail: _____

CHOOSE ONE OPTION:	BLS* only	BLS* and Seminar A or B or C			
	Fee	A	or B	or C	Fee
Before September 30 th – Early Bird Special					
Student	[] \$95	[]	or []	or []	\$480
Alumni	[] \$125	[]	or []	or []	\$550
NON-CCO Student	[] \$115	[]	or []	or []	\$500
NON-CCO Affiliate	[] \$150	[]	or []	or []	\$650
After September 30th					
Student	[] \$120	[]	or []	or []	\$525
Alumni	[] \$150	[]	or []	or []	\$595
NON-CCO Student	[] \$140	[]	or []	or []	\$545
NON-CCO Affiliate	[] \$200	[]	or []	or []	\$695

Graduation Gala = \$125	# of tickets []
Indicate meal choices	
# of prime rib dinners	[]
# of chicken dinners	[]
# of fish dinners	[]
# of vegetarian dinners	[]
Total [\$]	

***BLS – Breakfast Lecture Series**
Seminar A – Susanne F. Wallace
Seminar B – Laura Leslie
Seminar C – Brian Degenhardt

Grand Total [\$]

Method of Payment: Visa [] Master Card [] Cheque [] Cheque # []

Visa/MC #: _____

Expiration date: _____ Amount Charged: _____

Signature: _____ Date: _____

Please make cheques payable to Canadian College of Osteopathy(CCO). You may fax or email this form along with credit card information directly the Toronto office **F: 416.597.9919** or email Tahmineh at tahmineh.nowrouzi@collegesofosteopathy.com to confirm receipt of fax. **There are no refunds after October 1st, 2018.**

I CONSENT to having a CCO representative use my email address to contact me should additional information arise pertaining to this conference: Y N

I CONSENT to having a CCO representative or conference sponsor send me information regarding additional conferences, events or programs: Y N