



2007 CONFERENCE REGISTRATION FORM

(Please use one form per registrant)

First Name	Last Name	
Organization		
Address		
City	Province/State	Postal Code/Zip Code
Phone	Fax	Email

CONFERENCE PACKAGES

	Before August 1	After August 1
<input type="checkbox"/> Full Conference (includes coffee breaks/lunches & conference banquet)	\$595 _____	\$650 _____
<input type="checkbox"/> Monday Only (includes coffee breaks/lunches)	\$275 _____	\$300 _____
<input type="checkbox"/> Tuesday Only (includes coffee breaks/lunches)	\$275 _____	\$300 _____
<input type="checkbox"/> Additional Banquet Tickets	\$ 50 _____	\$ 55 _____
	Sub Total	_____
	6% GST	_____
	Total	_____

CERTIFICATE LEVEL TRAINING – ONSITE – Register SEPARATELY online
(Space is Limited in each program)

- **Confined Space Training (2 days) – classroom & practical**
- **Marijuana Grow-Operations & Clandestine Laboratory Awareness Training (1/2 day)**
- **Emergency Medical Services (2 days) – Workplace Specific Training**

PAYMENT

Cheque (Please make cheque(s) payable to **Municipal Health and Safety Association** and mail to the address below)

Credit Card VISA MASTERCARD CHEQUE

Credit Card Number	Card Expiry Date	Card Holder Name as shown on Card
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PLEASE INDICATE THE SECTOR YOU ARE FROM AND YOUR POSITION

SECTOR

(S1) Police (S2) Fire (S3) Paramedics (S4) Social/Health Care (S5) Public Works

(S6) Administration (S7) Conservation Authority (S8) First Nations (S9) Housing Authority

(S10) Parks and Recreation Other (S11) (Specify) _____

POSITION

(P1) Elected Official (P2) Senior Management (P3) Supervisor (P4) JHSC Co-Chair

(P5) Administration/Clerical Staff (P6) Operational Staff (P7) Other (Specify) _____

Cancellation Policy: All cancellations must be received in writing by September 14, 2007. Cancellations after this date will not be eligible for refunds or credit, but may be transferred to another individual within your organization.

Copy and mail this registration form (with cheque) to:
 MicroSpec Registration Services, 2700 Dufferin Street, Unit 26, Toronto, Ontario, M6B 4J3
 This form may also be faxed to MicroSpec at: 416-780-0290

NOTE: DELEGATES MAY ALSO REGISTER ONLINE THROUGH OUR WEBSITE INTHESPIRITOPREVENTION.COM