

Harry Crowe Foundation

A conference on accountability and quality in higher education
January 29 (13:00) - January 31 (12:15), 2010
Novotel Toronto Centre, Toronto

CONFERENCE REGISTRATION FORM

PERSONAL INFORMATION (PLEASE PRINT)

First Name _____ Surname _____

Title _____ Department _____ Organization _____

Mailing Address (please include Street/P.O. Box) _____

City _____ Province _____ Postal Code _____
State _____ Zip Code _____

Home Phone _____ Office Phone _____

Fax _____ E-mail _____

SPECIAL NEEDS:

- Special Needs _____
 Food Allergies _____
 Vegetarian _____
(Specify Type) _____

Weekend Contact, In Case of Emergency: _____
Name _____ Phone _____

CONFERENCE FEES:

	By December 16	After December 16
◆ Participants Supported by Organizations - Faculty Associations, Universities, Unions, Government, NGOs	\$367.50	\$420.00
◆ Individuals - without organizational support	\$157.50	\$210.00
◆ Students	\$ 78.75	\$105.00

Fees include GST, all conferences sessions, materials, reception, & refreshment breaks.

PAYMENT: VISA MASTERCARD CHEQUE (payable to Harry Crowe Foundation)

AMOUNT PAYABLE \$ _____ CARD # _____

EXPIRY DATE _____ SIGNATURE _____

CONSENT TO INDICATE PERSONAL INFORMATION ON THE LIST OF PARTICIPANTS:

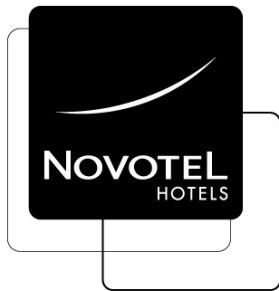
- I give permission to indicate my coordinates (name, position, organization, address, office telephone, fax and e-mail)
 I do not give permission to indicate my coordinates (ONLY my name, organization and mailing address should be indicated)

Signature _____ Date _____

CANCELLATION POLICY — Refunds, less a \$50.00 administrative fee, will be accorded to registration cancellations received in writing on or before January 8, 2010, although another person may be sent instead of the person who had originally registered, provided notification of the substitution is received prior to the conference.

Mail to: Lynn Braun, CAUT, 2705 Queensview Drive, Ottawa ON K2B 8K2

Fax: (613) 820-7244



TORONTO CENTRE

FAX

To: The Novotel Toronto Centre
Reservations Department

Fax: 416-360-8285 Phone: 416-367-8900

FROM: _____

FAX NO.: _____

Harry Crowe Foundation - CHCF0128

**A conference on accountability and quality in higher education
January 29-31, 2010**

Name of guest: _____

Arrival Date: _____

Departure Date: _____

Credit Card type & number: _____

(first night's accommodation & guarantee late arrival)

Expiration date: _____

Hotel Rate : \$129.00/night (plus taxes) King Bed 2 Double Beds

Hotel Cut-Off date: **January 8, 2010**

The above individual agrees that if the guest's reservation is not cancelled before 4pm on the day of arrival or if the guest does not arrive at the hotel, the above credit card will be charged for one night room and tax for **NO SHOW**.