

Conference Payment Form

PLEASE REGISTER ONLINE BEFORE SENDING THIS FORM. ALSO, PLEASE COMPLETE THIS FORM BY NOV.3, 2017

Fax this form to: **416-675-8515** ATTENTION: Anna Patola
or mail to
School of Health Sciences, K201X
Humber College Institute of Technology & Advanced Learning
205 Humber College Blvd. Toronto, Ontario, M9W 5L7

PLEASE DO NOT SEND VIA EMAIL.

If you have questions regarding the conference or you have not received confirmation of your payment within two week please contact

Anna at:
anna.patola@humber.ca
Cost: \$69.60/person

CLEARLY PRINT YOUR INFORMATION BELOW:

Name of Participant1: _____
Name of Participant 2: _____
Name of Centre/Agency: _____
Address: _____
Phone: _____
EMAIL: _____

ALLERGIES

Do you have any food related allergies? YES NO

If yes, please specify:

PAYMENT OPTIONS ARE AS FOLLOWS:

VISA, MASTERCARD, Business cheque or certified cheque payable to Humber College. Personal cheques cannot be accepted. Declined VISA or MASTERCARD payments are subject to a \$30 service fee.

Payment must be received at least one week prior to the conference date. (We cannot accept payments at the registration desk). If you need to cancel your registration, one week notice is required. Cancellation after 7 days is non-refundable.

Payment Information: **(Remember to attach this payment form with your fee)**. Please indicate choice of payment below:

Amount of payment enclosed: _____ Cheque # _____

Visa # _____ Master Card # _____

Name of cardholder: _____ Expiry Date: _____

Please note that the receipt will be sent to you after the event.

FAX NUMBER: 416-675-8515