

REGISTRATION FORM FOR ATTENDEES

Registration online at www.biofinance.ca/registration or by filling out this form

Name:
Title:
Company Name:
Address:
City:
Province/State: Postal/Zip:
Tel: Fax:
email: website:
contact person: contact email:

REGISTRATION FEE:

\$650 Cdn/person (GST incl) on or before March 30, 2010
\$850 Cdn/person (GST incl) after March 30, 2010

Cheque enclosed

OR Credit Card

Visa

Mastercard

American Express

Credit Card Number:

Card Expiry Date:

Card Holder:

Card Holder Signature:

MAIL OR FAX COMPLETED REGISTRATION TO:

BioFinance Canada
Suite 500
20 Toronto Street
Toronto, Ontario
Canada, M5C 2B8

tel: 1-866-342-4933
fax: 1-866-342-4934
www.biofinance.ca

CANCELLATION POLICY:

For reimbursement of registration, notice of cancellation must be received by April 15, 2009. No reimbursement after this date.

Notification must be sent to sadolfo@biofinance.ca or by fax 1-866-342-4934.