

REGISTRATION FORM FOR ATTENDEES

Register 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:

\$750 Cdn/person (HST incl.) on or before May 2, 2011
\$950 Cdn/person (HST incl.) after May 2, 2011

Cheque enclosed

OR Credit Card

Visa

MasterCard

American Express

Credit Card Number:

Card Expiry Date:

Card Holder:

Card Holder Signature:

MAIL OR FAX COMPLETED FORM TO:

BioFinance Canada Tel: 1-866-342-4933
Suite 500 Fax: 1-866-342-4934
20 Toronto Street www.biofinance.ca
Toronto, ON
M5C 2B8

CANCELLATION POLICY:

For reimbursement of registration, notice of cancellation must be received by May 24, 2011. No reimbursement after this date.

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