

REGISTRATION FORM

NL Occupational Health & Safety 2011 Conference and Trade Show

Preparedness: Plan, Understand & Act

Please make cheques payable to NLOHSA and mail to: P. O. Box 5055, St. John's, NL A1C 5V6 or fax this form to (709) 576-1409. To avail of Discount, Registration & Payment must be received before April 15, 2011. No refunds after April 30, 2011

First Name (Voting Delegate): _____ Last Name: _____

Company: _____

Position: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Please list additional delegates here: (Photocopy as needed)

Name: _____ e-mail: _____

Name: _____ e-mail: _____

Name: _____ e-mail: _____

Name: _____ e-mail: _____

Name: _____ e-mail: _____

Registration Fees per Person

Accommodation is NOT included in fees. Registrants are responsible for their own reservation.

A block of rooms have been set aside at the Hotel Gander. Phone 1-800-563-2988

All Fees include 13% HST

Full Conference (includes Wine & Cheese, Greet & Grub, Luncheon & Dinner)

HST #: 854849875

	Before April 15, 2011	After April 15, 2011	Dollar Amount
Full Conference (each participant)	\$339.00	\$395.50	_____
Extra Luncheon ticket available	\$28.25	\$33.90	_____
Extra Dinner ticket available	\$45.20	\$56.50	_____
Total Fee (Prices Include 13 % HST)			\$ _____

Do you have any special dietary requirements? _____

Method of Payment:

Cheque or money order enclosed.

Visa

MasterCard

Card Holder Name: _____ Card #: _____

Exp. Date: _____ Card Holder Signature _____

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