

# REGISTRATION FORM

NL Occupational Health & Safety 2009 Conference and Trade Show

## Managing the Interface: Person to Person/Person to Machine

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 10, 2009. No refunds after April 24, 2009

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: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

### 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 Greet & Grub, Luncheon & Dinner)

HST #: 854849875

	Before April 10, 2009	After April 10, 2009	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	_____
<b>Total Fee (Prices include 13 % HST)</b>			\$ _____

### Method of Payment:

Cheque or money order enclosed.

Visa

MasterCard

Card Holder Name: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Card Holder Signature \_\_\_\_\_

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