

WAVES of CHANGE OCEANS of OPPORTUNITY

SEPTEMBER 25-27, 2017

Delegate Registration

(If registering for multiple people please complete and submit a separate registration form for each individual.)

MONDAY: Book your tee off time and enjoy a round on either [Highlands](#) or [Lakeside](#)

Tee times have been secured at the Highlands from 2:00 – 3:30

Contact Deerhurst at 1-800-461-4393 ask for Pro Shop and use Promo Code OFSA

PACKAGE OPTIONS

One: FULL CONFERENCE: Includes attendance to all Tuesday & Wednesday sessions, tradeshow, receptions, meals and President's Banquet

	Reg By Aug. 31	Reg After Aug. 31	Amount (CDN\$)
<input type="checkbox"/> Member (includes AGM)	\$415.00	\$465.00	\$ _____
<input type="checkbox"/> Members multiple discount (3 or more employees from the same funeral home)	\$365.00	\$415.00	\$ _____

COMPANION FULL CONFERENCE:

Name: _____ \$375.00 \$425.00 \$ _____
Includes attendance to all Tuesday and Wednesday sessions, tradeshow, receptions, meals and President's Banquet

SPECIAL PRICE: Full Conference (1st time funeral director/pre-planner)

<input type="checkbox"/> Member (includes AGM)	\$225.00	\$250.00	\$ _____
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Two: One-Day Program: Includes participation in events for each particular day but does **NOT** include the President's Banquet

TUESDAY SEPTEMBER 26: (includes Continental Breakfast, Professional Development Sessions, Lunch and Tradeshow Reception)

<input type="checkbox"/> Member (includes AGM)	\$300.00	\$320.00	\$ _____
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WEDNESDAY SEPTEMBER 27: (includes Breakfast at Eclipse Restaurant, Keynote Speaker, Tradeshow, Lunch and Professional Development Session)

<input type="checkbox"/> Member	\$300.00	\$320.00	\$ _____
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Three: Additional Program:

<input type="checkbox"/> TUESDAY LUNCH	\$ 65.00	\$ _____
<input type="checkbox"/> TUESDAY TRADE SHOW & RECEPTION	\$ 30.00	\$ _____
<input type="checkbox"/> WEDNESDAY BREAKFAST & LUNCH	\$ 95.00	\$ _____
<input type="checkbox"/> PRESIDENT'S RECEPTION & DINNER	\$125.00	\$ _____
<input type="checkbox"/> AGM (OFSA Members only)		

Cancellation Policy: Registration cancelled after September 11, 2017 will be subject to a 50% cancellation fee.

Subtotal:	\$ _____
(HST #108090994)	\$ _____
TOTAL:	\$ _____

SPECIAL DIETARY REQUIREMENTS We will make every effort to accommodate your requests. _____

REGISTRATION /PAYMENT

Name of Attendee: _____ Business: _____

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Phone: _____ Email: _____

PAYMENT DUE UPON REGISTRATION AND MUST BE PAID PRIOR TO START OF EVENT:

Payment (\$CDN) by: Cheque Visa Mastercard (No American Express)

Cardholder Name _____ Credit Card No. _____ CV # _____ Expiry _____ Signature _____