

SEPTEMBER 24-25-26, 2018

Delegate Registration

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

PACKAGE OPTIONS

FULL CONFERENCE:

Includes President's Welcome, Tuesday & Wednesday continued education sessions, exhibitor games and tradeshow happy hour, Wi-Fi access, scheduled meals and President's Reception & Dinner

	Reg By	Reg After	Amount
	July 31	July 31	(CDN\$)
Member includes: AGM & 8 hrs. continued education	\$455.00	\$555.00	\$ _____
Members multiple discount (3 or more employees from the same funeral home)	\$420.00	\$525.00	\$ _____
Non-Member includes: 6.5 hrs. continued education	\$575.00	\$695.00	\$ _____

COMPANION FULL CONFERENCE:

Name: _____ Email address _____ \$395.00 \$425.00 \$ _____
Includes Full Conference

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

Member includes: AGM and 8 hrs. continued education	\$250.00	\$350.00	\$ _____
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One-Day Programs: Includes participation in events for each particular day but does **NOT** include the Dinner Crawl.

TUESDAY SEPTEMBER 25: includes breakfast, 2.5 hrs continued education sessions, lunch, Wi-Fi access, exhibitor games and tradeshow happy hour

Member	\$275.00	\$275.00	\$ _____
Non-Member	\$300.00	\$395.00	\$ _____

WEDNESDAY SEPTEMBER 26: includes continued education sessions, Wi-Fi access, lunch and the President's Reception & Dinner

Member includes: AGM and 5.5 hrs. continued education	\$300.00	\$330.00	\$ _____
Exhibitor Rate	\$175.00	\$200.00	\$ _____
Non-Member includes: 6.5 hrs. continued education	\$250.00	\$280.00	\$ _____

(does not include the President's Reception & Dinner)

Additional Programs:

PRESIDENT'S RECEPTION & DINNER	\$105.00	\$125.00	\$ _____
DINNER Crawl (drinks not included)	\$65.00	\$75.00	\$ _____
AGM (OFSA Members only) No fee			

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

***Cancellation Policy: Registration cancelled after September 7, 2018 will be subject to a 50% cancellation fee.*

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 (Sorry we don't accept American Express)

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

Mail this form along with payment to: OFSA, 201-466 Speers Road, Oakville, ON L6K 3W9, or Email jan@ofsa.org or Fax: 905-637-3583