

**SATELLITE SYMPOSIUM STAFF
ONE-DAY ONLY REGISTRATION FORM
(2007 Satellite Symposium room access only)**
Québec City Convention Centre
Québec City, Québec
October 20-24, 2007

Early Fee Registration Deadline: September 28, 2007

Office use only

Satellite Symposium Staff registration badges provide access to your company's Satellite Symposium room only on event day.

Reg. # _____

Dr. Mr. Ms. Mrs. Prof. Please Select the day of your Symposium: Sat. Sun. Mon. Tues. Wed.

First Name _____ Last Name _____

Company _____ City _____

Country _____

Telephone () _____ Ext. _____ Facsimile () _____

Both e-mail addresses **must** be provided so that a copy of the registration confirmation **can** be sent to **both** the company Symposium coordinator **and** the individual being registered.

Registrant's E-mail _____

Coordinator's E-mail _____ Coordinator's Name _____

Registration	Received by September 28	Received Sept. 29 to Oct. 24
Satellite Symposia Staff	\$130	\$230

Amount Due

NOTE

There is no **REFUND OR CREDIT** for unused registrations. Individuals will be responsible for their own badge pick-up.

Subtotal \$ _____

Add GST (6%) (# R106844186) \$ _____

SUBTOTAL \$ _____

Add QST (7.5%) (#1006176743TQ0001) \$ _____

TOTAL AMOUNT DUE \$ _____

REGISTRATION REFUNDS, CANCELLATIONS AND SUBSTITUTIONS:

Registration cancellations or registration category adjustment requests received in writing before September 28th are subject to a \$50 + GST administrative fee. Cancellations will not be accepted after September 28, 2007.

Substitution requests received in writing before September 28th will be processed without penalty. Substitution requests received after September 28, 2007 are subject to a \$50 + GST administrative fee.

LOST OR FORGOTTEN BADGES are subject to a \$25 + GST replacement fee.

METHOD OF PAYMENT

CHEQUE payable to "CCC 2007". Payment must be made in Canadian dollars, drawn on a Canadian bank.

CREDIT CARD VISA MASTERCARD AMERICAN EXPRESS Expiry Date

_____/_____/_____/_____/_____/_____ M M / Y Y

Card Holder's Name: _____ (please print) Date: _____

Signature: _____ Telephone: () _____

Fax: () _____