

EAST



2009 ELEVENTH ANNUAL EASTERN REGIONAL WORKSHOP

Halifax, NS

October 5-8, 2009

**Pre-Training: October 5 & 6
Workshop: October 7 & 8**



Canadian Institute Institut canadien
for Procurement d'approvisionnement
and Materiel et de gestion
Management du materiel

**FOR MORE INFORMATION
AND TO REGISTER BY MAIL OR FAX...**

Canadian Institute for
Procurement and Materiel Management
%o The Willow Group
1485 Laperriere Avenue
Ottawa, Ontario K1Z 7S8
Tel: 613.725.0980
Fax: 613.729.6206

E-mail: jennifer.shaver@thewillowgroup.com
Register On-line at: www.cipmm-icagm.ca

ACCOMMODATION:

EASTERN REGIONAL WORKSHOP

Four Points By Sheraton Halifax
1496 Hollis Street, Halifax, NS B3J 3Z1
Tel: 902.423.4444 • Fax: 902.474.3913

A block of rooms has been reserved at a special rate of \$140.00 plus applicable taxes at the Four Points By Sheraton Halifax until September 4, 2009 only. To make reservations dial toll free 1.800.368.7764.

Name: _____

Title: _____

Department: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel.: () _____

Fax: () _____

E-mail: _____

Language of Preference: English French

REGISTRATION FEES

(Workshop registration fees include refreshments, lunches, Wine and Cheese Reception and all applicable taxes.)

REGISTER ME FOR:

EASTERN REGIONAL WORKSHOP – Halifax, NS

- Pre-Workshop – Training Session* \$775.00 + \$100.75 HST = \$875.75
(October 5 & 6, 2009)
- Workshop \$725.00 + \$94.25 HST = \$819.25
(Workshop: October 7 & 8, 2009)
- Combined Training Session*
& Workshop \$1,450.00 + \$188.50 HST = \$1,638.50
(October 5-8, 2009)

*limited registration – don't delay – "First come, first served"

SPECIAL REQUIREMENTS (accessibility, dietary):

- Yes I will attend the **October 7 Wine and Cheese Reception**
(included in your registration)
- No, I will not attend the **October 7 Wine and Cheese Reception**

METHOD OF PAYMENT

- Invoice Me [GST #R134363936]
- Cheque enclosed made payable to the **CIPMM %o The Willow Group**
- Charge my American Express MasterCard VISA

Card Number _____ Expiry Date _____

Cardholder Name _____

Signature _____

AN INVOICE AND CONFIRMATION OF REGISTRATION WILL BE SENT TO YOU

CANCELLATION POLICY: Refunds will be given for requests received in writing postmarked no later than **September 1, 2009**, less an administration fee of \$50.00 + HST. After that date, we regret no refunds will be issued, however, we will accept substitute delegates.