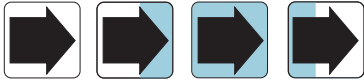


WEST



2009 ELEVENTH ANNUAL WESTERN REGIONAL WORKSHOP

Edmonton, AB

November 16-19, 2009

**Pre Training: November 16 & 17
Workshop: November 18 & 19**



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:

WESTERN REGIONAL WORKSHOP

Fairmont Hotel MacDonald
10065 100th St., Edmonton, AB T5J 0N6
Tel: 780.424.5181 • Fax: 780.429.6481

A block of rooms has been reserved at a special rate of \$159.00 plus applicable taxes at the Fairmont Hotel MacDonald until October 15, 2009 only. To make reservations dial toll free 1.866.540.4468.

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:

WESTERN REGIONAL WORKSHOP – Edmonton, AB

- Pre-Workshop – Training Session* \$775.00 + \$38.75 GST = \$813.75
(November 16 & 17, 2009)
- Workshop \$725.00 + \$36.25 GST = \$761.25
(November 18 & 19, 2009)
- Combined Training Session*
& Workshop \$1,450.00 + \$72.50 GST = \$1,522.50
(November 16-19, 2009)

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

SPECIAL REQUIREMENTS (accessibility, dietary):

Yes I will attend the **November 18 Wine and Cheese Reception**
(included in your registration)

No, I will not attend the **November 18 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 **October 16, 2009**, less an administration fee of \$50.00 + GST. After that date, we regret no refunds will be issued, however, we will accept substitute delegates.