

# REGISTRATION FORM

## JUNE 10-12, 2005

# 2005 CPTN CONFERENCE—DARE TO BE EXCELLENT!

## Metro Toronto Convention Centre – North Building

255 Front Street West, Toronto, Ontario, M5V 2W6

Please fill in the form completely and print clearly. Use only one form per person. This form may be copied for additional registrants. Please ensure form is fully completed. Keep a copy for your records.

TODAY'S DATE: \_\_\_\_\_

Check here if registered by Phone

Date of phone registration: \_\_\_\_\_

Ms.  Miss  Mrs.  Mr.  Dr.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal/Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

CPTN #: \_\_\_\_\_

How did you hear about the CPTN conference? \_\_\_\_\_

<b>MAIL</b>	<b>FAX</b>	<b>PHONE</b>
CPTN	416-979-1466	416-979-1654
122 D'arcy Street	VISA card payment	Please have VISA
Toronto, ON	Must accompany	credit card number
M5T 1K3	Faxed registration	and expiration date
Canada		ready

### METHOD OF PAYMENT

VISA  Cheque  Money Order - Make payable to CPTN

Card Number: \_\_\_\_\_

Expiry Date (mm/yy): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_

### CANCELLATIONS AND NSF CHEQUES

Cancellation requests must be received in writing and postmarked prior to May 1, 2005. A processing fee of \$50.00 will be charged for all refunds. No refunds will be given after May 1, 2005. NSF cheques will incur a \$50.00 charge.

### PLEASE CIRCLE APPROPRIATE FEE(S)

**CPTN MEMBERSHIP** \$55  
Take advantage of our member rates when you become a member.

### REGISTRATION FEES (all fees are in Canadian dollars)

<b>Two Day Registration</b>	<b>Member Rate</b>		<b>Non-mem Rate</b>	
<b>Postmarked on or before:</b>	<b>Indiv.</b>	<b>Group</b>	<b>Indiv.</b>	<b>Group</b>
Friday, March 4	\$199	\$179	\$239	\$219
Friday, March 22	\$215	\$195	\$255	\$235
Friday, April 22	\$240	\$220	\$280	\$260
Friday, May 27	\$265	\$245	\$305	\$285

Group Rate = 5+\* All forms must be submitted at the same time.  
Student rates available upon request. Valid student card required.

### Day Rate – available only after May 9th

<b>Postmarked on or before</b>	<b>Member Rate</b>	<b>Non-mem Rate</b>
Friday, March 22	\$140	\$160
Friday, April 22	\$165	\$185
Friday, May 27	\$190	\$200

### PRE-conference Sessions

	<b>Member</b>	<b>Non-mem</b>
Heartsaver CPR Recert	\$30	\$45
Optimal Muscle Training for the Shoulder	\$119	\$149
The Web Savvy Personal Trainer	\$199	\$229
Assessment of Imbalance/Manual Stretch	\$119	\$149
Posturology to Improve the Golf Swing	\$149	\$179
CPTN Course Conductor Camp	\$299	
Cycle Reebok Training	\$199	\$254

### AMOUNT DUE

<b>SUB TOTAL</b>	<input type="text"/>
<b>+ GST (7%)</b>	<input type="text"/>
<b>TOTAL DUE</b>	<input type="text"/>

### SESSION SELECTION

Complete your session selection in order of preference (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) for each time slot by filling in the last digit of the session code. Session codes precede the session names. Each registrant is guaranteed four sessions per day. Rank each time slot for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> choice.

### SATURDAY, JUNE 11<sup>TH</sup>, 2005

TIME	1 <sup>ST</sup> Choice	2 <sup>ND</sup> Choice	3 <sup>RD</sup> Choice	RANK
7:00 to 8:00	SA1__	SA1__	SA1__	
8:30 to 10:00	SA2__	SA2__	SA2__	
10:30 to 12:00	SA3__	SA3__	SA3__	
1:00 to 2:00	SA4__	SA4__	SA4__	
2:15 to 4:15	SA5__	SA5__	SA5__	
4:30 to 5:30	SA6__	SA6__	SA6__	

### SUNDAY, JUNE 12<sup>TH</sup>, 2005

TIME	1 <sup>ST</sup> Choice	2 <sup>ND</sup> Choice	3 <sup>RD</sup> Choice	RANK
8:00 to 9:00	SU1__	SU1__	SU1__	
9:15 to 10:45	SU2__	SU2__	SU2__	
11:00 to 12:00	SU3__	SU3__	SU3__	
1:00 to 3:00	SU4__	SU4__	SU4__	
3:15 to 4:15	SU5__	SU5__	SU5__	

Registration is completed on a first come, first served basis. In order to receive the sessions you desire, please register early. A confirmation letter will be sent to all registrations received by May 10<sup>th</sup>. Thereafter, confirmations can be picked up with your conference package at the registration desk at the Metro Toronto Convention Centre.

### Waiver of Liability

I agree to forever release, discharge, fully indemnify, CPTN, the facilities, and all promoters, sponsors and their respective representatives and successors and assigns from any and all claims, demands and expenses whatsoever on account of damage to or loss of property, physical or mental injury or death. I verify that I have been involved in a physical training program, and that I am physically fit and do not suffer from any disability, physical ailment or taking any medication that would cause me harm or limit my participation. Initials \_\_\_\_\_

### Permission for Recording

I understand that CPTN will be recording the conference through film photography, video recording and audio recording. Initials \_\_\_\_\_  
I hereby affirm that I have carefully read, fully understand and agree to the above; and that I am of legal age to execute this form as a legal document.

Print Nam in Full: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_