

REGISTRATION FORM

MAY 14th - 16th, 2010

2010 CPTN CONFERENCE - Dare To Be Excellent!

JAPANESE CANADIAN CULTURAL CENTRE - 6 Garamond Ct., Toronto, ON, M3C 1Z5

Today's Date: _____

Check here if previously registered by Phone

Date of phone registration: _____

T-Shirt size: SM M L XL XXL
 Ms. Miss Mrs. Mr. Dr.

First Name: _____

Last Name: _____

Street Address: _____

City: _____ Province/State: _____

Postal/Zip code: _____ Country: _____

Email: _____

Phone: _____ Fax: _____

CPTN #: (if applicable) _____

How did you hear about the CPTN conference?

CPTN Website CPTN Email Conference Brochure

CPTN Newsletter Fitness Magazine Friend

Club _____ Other Website _____

HOW TO REGISTER:

MAIL: CPTN **PHONE: 416-979-1654**

122 Darcy Street Please have ready

Toronto, ON credit card payment

M5T 1K3 Canada must accompany

EMAIL: education@cptn.com faxed registration

and expiration date

METHOD OF PAYMENT

Visa MC Amex 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, 2010.

A processing fee of \$50.00 will be charged for all refunds. No refunds will be given after

May 14, 2010. NSF cheques will incur a \$50.00 charge.

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; that I am physically fit and do not suffer from any disability, physical ailment; nor am I taking any medication that would cause me harm or limit my participation.

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 Name in Full: _____

Signature: _____

Date: _____

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.

PLEASE CIRCLE APPROPRIATE FEES!

CPTN MEMBERSHIP

Take advantage of our member rates by becoming a member.

REGISTRATION FEES (all fees are in Canadian dollars)

Postmarked:	Member Rate Indiv.	Member Rate Group	Non-member Rate Indiv.	Non-member Rate Group
On/Before Friday, Mar 19	\$249	\$229	\$309	\$289
After Friday, Mar 19	\$299	\$279	\$349	\$329

*NB: All registration fees above include lunch on Saturday, May 15th.
 Group Rate = 3+. All forms must be submitted at the same time.

PRE-CONFERENCE SESSIONS

	Member	Non-member
CPTN Practical Assessor Camp	\$299	-
CPTN Course Conductor Camp	\$299	-
Building the Ultimate Back Workshop	\$189	\$249
Kettlebell Skills and Drills Workshop	\$159	\$219
CPTN Yoga - Level 3 Workshop	\$169	\$229
How To Create A Periodization Plan	\$169	\$229
Vegan Sports Nutrition	\$129	\$199
Ultimate Fighting Fit Bootcamp	\$129	\$199
Fitness Kickboxing Instructor - Level 1	\$159	\$219

BOOKS

	Member	Non-member
Ultimate Back Fitness and Performance	\$40	\$45
Ultimate Back Fitness DVD	\$50	\$59
The Flexible Periodization Method	\$40	\$45
The Thrive Diet	\$24	\$24
The Hormone Diet	\$29	\$32.95

DAY RATES (Available only after March 20th)

	Member	Non-member
Saturday, May 15th	\$169	\$229
Sunday, May 16th	\$160	\$229

AMOUNT DUE

SUBTOTAL

+GST (5%)

TOTAL DUE

SESSION SELECTION

Complete your session selection in order of preference (1st, 2nd, 3rd) for each time slot by filling in the last digit of the session code. Session codes precede the session names in the brochure. Registration is completed on a first come, first served basis. In order to receive the sessions you desire, please register early.

SATURDAY, MAY 15th, 2010

TIME	1st Choice	2nd Choice	3rd Choice	Office Use
8:30 to 9:30	SA1	SA1	SA1	SA1
9:45 to 11:00	SA2	SA2	SA2	SA2
11:15 to 12:30	SA3	SA3	SA3	SA3
12:30 to 2:00	LUNCH & KEYNOTE			YES NO
2:00 to 3:00	SA4	SA4	SA4	SA4
3:15 to 4:30	SA5	SA5	SA5	SA5
4:45 to 6:00	SA6	SA6	SA6	SA6

SUNDAY, MAY 16th, 2010

TIME	1st Choice	2nd Choice	3rd Choice	Office Use
9:00 to 10:00	SU1	SU1	SU1	SU1
10:15 to 11:45	SU2	SU2	SU2	SU2
12:30 to 1:30	SU3	SU3	SU3	SU3
1:45 to 3:00	SU4	SU4	SU4	SU4

An email confirmation will be sent for all registrations received by May 12th. Thereafter, confirmations can be picked up at the registration desk at the JCCC with your conference package.