

## FICCDAT FAST TRACK REGISTRATION

Contact Information:			
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	First Name: <i>(please print)</i>	Last Name: <i>(please print)</i>
Street Address:			Apt / Suite #:
City:		Province:	Postal Code:
Phone (Home):		Phone (Work): Extension:	Cell Phone:
E-mail Address:			

### Please choose the conference you wish to attend:

- |   |   |
|---|---|
| <input type="checkbox"/> Growing Older with a Disability        | <input type="checkbox"/> 2 <sup>nd</sup> International Conference on Technology and Aging |
| <input type="checkbox"/> Caregivers: Essential Partners in Care | <input type="checkbox"/> CMBEC30  |
| <input type="checkbox"/> Advances in Neurorehabilitation        | <input type="checkbox"/> Multi-conference Platinum Pass (access to all conferences)       |

### A complete description of fees can be viewed on [www.ficcdat.ca](http://www.ficcdat.ca) on the Registration page.

#### Please indicate your choice below:

- Single conference
- Multi-conference (dinner ticket included)
- Student, Unpaid Caregiver, Consumer
- Daily
  
- Will you be purchasing a dinner ticket? \$100 extra
- Will you be attending the Opening Reception? (included in registration fee)
- Require accessible services, please complete the attached form and fax in with your registration.

Conference Registration Fee: \$ \_\_\_\_\_

Dinner Tickets (\$100 each) \$ \_\_\_\_\_

Total Payable \$ \_\_\_\_\_

### Please provide your payment information below:

Credit Card Type     Visa                                     Master Card                                     American Express

Credit Card Number: \_\_\_\_\_                                    Expiry Date: \_\_\_\_\_

Name as it appears  
on your card: \_\_\_\_\_

**Fax completed form to 416-425-1802**  
**For more information contact by phone: 416-425-3463, ext. 7720 or email [info@ficcdat.ca](mailto:info@ficcdat.ca)**