



WIN A FREE PRIZE BY REGISTERING EARLY

**TRANSPORTATION HEALTH & SAFETY ASSOCIATION OF ONTARIO
FLEET SAFETY COUNCIL CONFERENCE**

**Crown Plaza Niagara Falls -Fallsview
5685 Falls Avenue, Niagara Falls
October 22, 23, 24, 2010
REGISTRATION FORM**

Register before July 31, 2010
and be eligible to win a
\$300 gift certificate
from
Future Shop
Register early!

NOTE: Limited number of Fallsview rooms
available on first come first serve registration

****All Conference Packages Include Applicable Taxes****

Please below

- ___ 1. Delegate & Companion - 2 nights hotel and all functions **\$625.00**
Note: Includes breakfast for companion but does not include lunch on Saturday for companion
- ___ 1A. Delegate & Delegate - 2 nights hotel and all functions **\$700.00**
Note: Delegates to share the same hotel room
- ___ 2. Delegate Only - 2 nights hotel and all functions **\$499.00**
- ___ 3. Delegate and Companion - 1 night hotel and all functions **\$475.00**
Please specify what night
- ___ 4. Delegate Only - 1 night hotel and all functions **\$399.00**
Please specify what night _____
- ___ 5. Delegate and Companion - Functions only **\$375.00**
- ___ 6. Delegate Only - All functions **\$250.00**
- ___ 7. Delegate Only - 1 day program - Saturday - No Dinner **\$ 150.00**
- ___ 8. Saturday lunch ticket per person **\$ 25.00**
- ___ 9. Dinner Tickets per person- Saturday evening **\$ 42.00**
- ___ 10. Sunday Brunch per person **\$ 35.00**

NOTE: Be sure to register before September 22, 2010. Hotel rooms cannot be guaranteed after this date.
Delegate will be responsible for finding their own accommodations after September 24, 2010.

PLEASE PRINT OR ATTACH YOUR BUSINESS CARD

NAME: Mr./Ms. _____ COMPANION'S NAME: _____
 COMPANY: _____ TITLE: _____
 ADDRESS: _____
 CITY: _____ PROVINCE: _____ POSTAL CODE: _____
 TELEPHONE: (Home) _____ (Business) _____
 FAX: _____ E-MAIL _____

Hotel options - Single _____ Double _____ Non-Smoking _____ Smoking _____
Any special needs requirements: _____

NOTE: Companion Tour – Yes _____ No _____

*The FSC Conference Committee insures that the information gathered on the registration form is being used for our lawful purposes only and that the information will not be distributed to any other person, agency, business or entity other than in accordance with the laws of Canada and the Province of Ontario.
Many sponsors and speakers request the names of the delegates attending the Conference. Are you willing for this information to be shared with them?
Yes _____ No _____.*

Please include payment - **TOTAL ENCLOSED \$** _____

Make cheques payable to: Fleet Safety Council

Send to: Betty Taylor, IFS
5110 Creekbank Road, Suite 400, Mississauga ON L4W 0A1
905-212-7936 1-800-263-5024 ext 7936 Fax is 905-219-0052