



WIN A FREE PRIZE BY REGISTERING EARLY

FLEET SAFETY COUNCIL EDUCATIONAL CONFERENCE

**Four Points by Sheraton
1150 Wellington Street, London
October 21, 22, 23, 2011
REGISTRATION FORM**

**Register before July 31, 2011
and be eligible to win a
\$300 gift certificate
from
Future Shop
Register early!**

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

Amount in brackets includes convenience fee for Visa or MasterCard use.

NOTE: Registration fee includes binder from Canadian Trucking Human Resources Council

Please below

- ___ 1. Delegate & Companion - 2 nights hotel and all functions **\$649.00** (\$669.00)
Note: Includes breakfast for companion but does not include lunch on Saturday for companion
- ___ 1A. Delegate & Delegate - 2 nights hotel and all functions **\$800.00** (\$824.00)
Note: Delegates to share the same hotel room
- ___ 2. Delegate Only - 2 nights hotel and all functions **\$525.00** (\$541.00)
- ___ 3. Delegate and Companion - 1 night hotel and all functions **\$499.00** (\$515.00)
Please specify what night
- ___ 4. Delegate Only - 1 night hotel and all functions **\$425.00** (\$438.00)
Please specify what night _____
- ___ 5. Delegate and Companion - Functions only **\$375.00** (\$387.00)
- ___ 6. Delegate Only - All functions **\$275.00** (\$284.00)
- ___ 7. Delegate Only - 1 day program - Saturday - No Dinner **\$ 175.00** (\$181.00)
- ___ 8. Saturday lunch ticket per person **\$ 25.00** (\$26.00)
- ___ 9. Dinner Tickets per person- Saturday evening **\$ 42.00** (\$44.00)
- ___ 10. Sunday Brunch per person **\$ 35.00** (\$36.00)

NOTE: Be sure to register before September 26, 2011. Hotel rooms cannot be guaranteed after this date. Delegate will be responsible for finding their own accommodations after September 30, 2011.

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 _____

Visa MasterCard Number _____ Expiry Date _____
 Card Holder Name _____ Signature _____

Please include payment - **TOTAL ENCLOSED \$** _____
 Make cheques payable to: **Fleet Safety Council**

Send to: **Betty Taylor, IHSA**
5110 Creekbank Road, Suite 400, Mississauga ON L4W 0A1
905-212-7936 1-800-263-5024 ext 7936 Fax is 905-625-8998