



CANADIAN HORTICULTURAL
COUNCIL

**90th Annual
General Meeting**

Ottawa, ON
March 13-16, 2012

INSTRUCTIONS:

- Complete this form and mail or fax to the CHC.
 - a) Faxed forms must contain credit card information. NO INVOICING!
 - b) Registration forms received by mail must be accompanied with payment.
 - c) Do not mail a duplicate of the faxed registration form.
 - d) Only one delegate per form.

THIS FORM MAY BE PHOTOCOPIED.

- **Your name and organization will appear on your badge exactly as you indicate above.**
- **Print or type all information and keep a copy for your records.**

CANCELLATION POLICY:

- A \$100.00 fee is applicable on all cancellations received on or before January 30, 2012.
- No cancellations or request for refunds will be accepted after January 30, 2012.
- No registration will be processed unless accompanied by payment (cheque or credit card)
- Please type or print clearly. Invoices will not be issued.

ACCOMMODATIONS:

- Please contact the Fairmont Château Laurier reservation line at 1-800-441-1414 and ask for the Canadian Horticultural Council rate.
- Rates for standard rooms are: \$160 single/double occupancy.
- Reservation cut-off date: February 7, 2012.

FOR NATIONAL OFFICE USE ONLY

COMPANION PROGRAM

REGISTRATION FORM Please return completed Registration Form to:

CHC National Office 9 Corvus Court, Ottawa, Ontario, K2E 7Z4
Phone: (613) 226-4880 Fax: (613) 226-4497 question@hortcouncil.ca

Delegate's Name: _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

REGISTRATION FEES GST # 121571079 RT0001 Please check appropriate box(es)

	Registration Fee	HST	Total	
Companion Program	350.00	45.50	395.50	<input type="checkbox"/>

TOTAL AMOUNT ENCLOSED \$ _____

*Companion registration includes evening receptions and a Banquet ticket.

METHOD OF PAYMENT

Pay by cheque or by credit card. Cheque enclosed VISA AMERICAN EXPRESS MASTERCARD

Please make cheque payable to: CANADIAN HORTICULTURAL COUNCIL

Credit Card No.: _____ Expiry Date: _____

Cardholder's Name: _____

Signature: _____

Note: Credit card information provided here is for registration fee payment only.

The local organizing committee is preparing a very interesting program! Register soon! We promise you won't be disappointed!

