



Canadian Symposium
For
Parental Alienation Syndrome

MAIL IN - REGISTRATION FORM

October 2nd – October 3rd, 2010

Mr. Mrs. Dr.

First Name Last Name

Email _____

Organization _____

Professional Affiliation _____ Medical Legal

Business Address _____

City _____ **Zip Code** _____

Province/State _____ **Country** _____

Home Address _____

City _____ **Zip Code** _____

Province/State _____ **Country** _____

Business Phone _____ **Home Phone** _____

Registration entitles the attendee to admission in all sessions of the three day program, all of the complimentary food and beverage breaks, complimentary lunch, CE credits, and the Registration Mixer. The attendee is also invited to the Sunday Gala Dinner, but the Tickets for the Gala Dinner, are not included in the Registration Fee.

REGISTRATION FEE: \$ 195.00

CANCELLATION POLICY

Written cancellations must be received no later than September 1, 2010, less a \$50.00 administrative charge. No Refunds will be made after the date of September 1st.

TRAVEL & ACCOMODATIONS

All attendees must make their own travel and hotel accomodations. The Registration Fee does not include any travel or hotel accomodations.

CE CREDIT REGISTRANTS

All CE Registrats must provide the last 4 digits of their Social Security Number _____ to obtain a Certificate Of Attendance.

TRANSFERRING REGISTRATION

Registrations may be transferred to another attendee at any time.

GUEST ATTENDEES

Any Guest that wants to accompany a Registrant must register seperately and pay the registration fee.

PAYMENT INSTRUCTIONS

Make Check Payable To: CS PAS

Mail Your Check To: CS PAS, A7 - 1390 Major Mackenzie Drive, Richmond Hill, Ontario L4S A01

Amount Of Check: \$195.00