



# 150H CANADA



## Annual Holiday Season Reception and Dinner



**Thursday, December 7, 2017**  
4:30 pm Cocktail Reception and Mystery Envelope Sales  
5:45 pm Doors Open  
6:00 pm Dinner and Entertainment

**Delta Hotels by Marriott Toronto Airport & Conference Centre**  
655 Dixon Road, Toronto, ON

### Sponsors

#### Platinum

CANADA'S MEETING PLACE  
**Shaw) Centre** | **OTTAWA**  
CANADA'S CAPITAL



#### Gold



#### Silver



Newfoundland & Labrador



**ConventionsSaskatoon!**



#### Bronze



### REGISTRATION:

**Register By November 3, 2017**

**Register After November 3, 2017**

- |                                                                            |                                                                            |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Members - Individual: \$105 (+\$13.65 hst)        | <input type="checkbox"/> Members - Individual: \$126 (+\$16.38 hst)        |
| <input type="checkbox"/> Members - Table of 8: \$850 (+\$110.50 hst)       | <input type="checkbox"/> Members - Table of 8: \$1,020 (+\$131.30 hst)     |
| <input type="checkbox"/> Non-Members - Individual: \$132 (+\$17.16 hst)    | <input type="checkbox"/> Non-Members - Individual: \$158 (+\$20.54 hst)    |
| <input type="checkbox"/> Non-Members - Table of 8: \$1,062 (+\$138.06 hst) | <input type="checkbox"/> Non-Members - Table of 8: \$1,274 (+\$165.62 hst) |

**Cancellation Policy:** Notice to be in writing prior to 5:00 pm Friday, November 24, 2017

HST 106866890RT0004

### DELEGATE INFORMATION:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**PAYMENT:**  Visa  MasterCard  Amex  Cheque (**must be received prior to event**)  
Please make cheque payable to the CSAE Trillium Chapter

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

Name on Card: \_\_\_\_\_

**TO REGISTER:** Complete this form and send to the Trillium Chapter office

**Fax:** (647) 346-0923 **Email:** admin@csae-trillium.com

**Mail:** 1-70 Eglinton Square, Box 51165, Toronto, ON M1L 4T2

**Online:** www.csae.com/chapters/trillium/events