

**2012 Official Registration Form
Wilderness and Canoeing Symposium
Fri. Feb. 17 and Sat. Feb. 18 2012**

You may register online at www.wcsymposium.com OR you may use this form (but do NOT do both) to reserve seats and meals for the symposium. Payment in full (by cheque payable to "WCA Symposium") is required with this form. Please mail both the form and your cheque to:

**GEORGE LUSTE – WCA SYMPOSIUM
139 ALBANY AVE.
TORONTO ON M5R 3C5 CANADA**

Your registration package with Seats and Meal Tickets will be available for pickup at the door. For questions on registration and seat assignments please email regquestions@wcsymposium.com.

Please fill out both Part 1 and Part 2. Part 1 will be used to generate address labels & Part 2 will be used to generate name tags, assign seats and arrange meals.

PART 1: CONTACT PERSON INFORMATION (All correspondence will be through Contact Person)

Contact Person: Last Name: _____ First Name: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City: _____ **Province/State:** _____ **Postal/Zip Code:** _____ **Country:** _____

Telephone No. : _____

Email Address: _____

No. of Persons in Party: _____

Special Requests (See Note 3): _____

**Cheque enclosed for: \$ _____ (See Part 2 for cost calculation)
(Payable to WCA Symposium)**

Notes:

1. If you are not a member of the Wilderness Canoe Association, please consider joining. You may join online at http://www.wildernesscanoe.ca/join_wca or print out an application form at http://www.wildernesscanoe.ca/webfm_send/70 Application forms will also be available at the symposium.
2. **Cancellation Policy:** A full refund (both registration and meals) will be made if the reservation is cancelled by before Feb. 3, 2012. Please email your cancellation notice to registrations@wcsymposium.com. We regret that we cannot make refunds after this date.
3. **Special Requests:** We will attempt to assist those with hearing, sight & other disabilities, but please notify us early.
4. **Seating:** if you wish your group to be seated by another group, please have both groups make the request. We will wait until both applications are received before assigning seats.
5. Information on speakers, accommodation, etc will be posted at the symposium web site: <http://www.wcsymposium.com>

Last Name of Contact Person: _____

PART 2: REGISTRANTS, MEALS, COSTS

Instructions for filling out form:

Enter the names of **all** members of your party, including the contact person.
If a child (12 and under) is being registered, please enter **C** in the column.

Meals: Meals (offered Sat. only) are optional but must be ordered now. Please note that seating is limited. Lunch and dinner tickets will not be sold at the symposium by our staff but are often available privately.

Vegetarian meals are reserved solely for those who request them – please do not take a fellow paddler's meal!!

If you do not wish to order a meal, leave the cell blank. Otherwise indicate whether you prefer **R** – Regular or **V** – Vegetarian.

List of Registrants:

Last Name	First Name	Email Address	Enter C for Child	Lunch (blank, R or V)	Dinner (blank, R or V)	Other Information (Optional)

Cost Calculation:

Item	No.	Cost (\$Can/US)	Total \$ (No. x Cost)
Registrations on or before Feb. 3		45.00	
Registrations after Feb. 3		70.00	
Child Registrations		25.00	
Lunches		9.50	
Dinners		13.50	
TOTAL AMOUNT PAYABLE:			

Please enter the Total Amount Payable in the line "Cheque enclosed for: \$ _____ " in Part 1.