2015 Official Registration Form Wilderness and Canoeing Symposium Fri. Feb. 20 and Sat. Feb. 21 2015

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:

ALEKS GUSEV – WCA SYMPOSIUM 8 VALIANT RD. ETOBICOKE ON M8X 1P4 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 <u>reg2015@wcsymposium.com</u>.

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 Lii	ne 1:			
Mailing Address Lii	ne 2:			
City:	Province/State:	Postal/Zip Code:	Country:	
Telephone No. :		_		
Email Address:				
No. of Persons in P	arty:			
Special Requests (See Note 3):			
Cheque enclosed fo (Payable to WC)		Part 2 for cost calculation)		

Notes:

- 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.
- Cancellation Policy: A full refund (both registration and meals) will be made if the reservation is cancelled by before Feb. 1, 2015. Please email your cancellation notice to reg2015@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:	
Last Haine of Contact i erson.	

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 \mathbf{R} – Regular or \mathbf{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 Jan. 30		45.00	
Registrations after Jan. 30		70.00	
Child Registrations		25.00	
Lunches		12.00	
Dinners		17.00	
TOTAL AMOUNT PAYABLE:			

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