



**Info Destruction: Risk Management & Compliance Seminar
and NAID-Canada Meetings
November 10 & 11, 2008
The Sutton Place Hotel, Toronto**



NAID MEMBER REGISTRATION

Company Name: _____
 ADDRESS Line 1: _____
 ADDRESS Line 2: _____
 City: _____ Province: _____ Postal Code: _____
 Country: _____ Email: _____
 Telephone: _____ Fax: _____

Sessions conducted
in English.

The Registration Fee includes all conference sessions/meetings, materials, continental breakfast & refreshment breaks.

Please list names as they should appear on Name Badge:		ON or BEFORE	AFTER
		Oct. 17, 2008	Oct. 17, 2008
<input type="checkbox"/> First Participant: _____	Two-Day	CAD \$266	CAD \$316
Email: _____	One Day	CAD \$246	CAD \$266
PLEASE SELECT: <input type="checkbox"/> TWO DAY <input type="checkbox"/> MONDAY ONLY SEMINAR <input type="checkbox"/> TUESDAY ONLY/NAID CANADA MEETINGS			
<input type="checkbox"/> Second Participant: _____	Two-Day	CAD \$186	CAD \$236
Email: _____	One Day	CAD \$166	CAD \$196
PLEASE SELECT: <input type="checkbox"/> TWO DAY <input type="checkbox"/> MONDAY ONLY SEMINAR <input type="checkbox"/> TUESDAY ONLY/NAID CANADA MEETINGS			
<input type="checkbox"/> Third Participant: _____	Two-Day	CAD \$186	CAD \$236
Email: _____	One Day	CAD \$166	CAD \$196
PLEASE SELECT: <input type="checkbox"/> TWO DAY <input type="checkbox"/> MONDAY ONLY SEMINAR <input type="checkbox"/> TUESDAY ONLY/NAID CANADA MEETINGS			

Cancellation Policy: Notice received by Friday, October 31, 2008 will receive a 90% refund.
 Notice received Saturday, November 1, 2008 through Thursday, November 6, 2008 will receive a 75% refund.
 Notice must be submitted to conferences@naidonline.org

Must Receive by OCTOBER 17, 2008 for Advanced Registration Discount

HOTEL/HOUSING INFORMATION:

For Reservations at **The Sutton Place Hotel**, call Toll Free **1-8663-SUTTON (866-378-8866)**
 or **1-416-324-5621** & ask for **NAID-Canada Group Block** (rate of CAD \$190)
 Reservations must be made by **Sunday, October 19, 2008** to receive the NAID-Canada group room rates.

Payment is by:

Enclosed Cheque (Payable to "NAID") Check No.: _____ Total Payment CAD\$ _____
 AmEx MasterCard Visa Card # _____ - _____ - _____ Expires (mo/yr): ____/____
 Name on Card: _____ Signature: _____

This registration form must be received by NOVEMBER 3, 2008 or you will have to register on site.

FAX completed form to: 1-416-360-1353
 MAIL completed form to: NAID-Canada, 250 The Esplanade, Suite 301, Toronto, ON, M5A 1J2
 QUESTIONS? Call 1-602-788-6243 or E-mail conferences@naidonline.org

FOR NAID USE ONLY	Received:	Registered:	Confirmed:
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