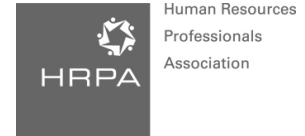


# Professional Development REGISTRATION FORM



## Three Ways to Register

Online: [www.hrpa.ca/pdcal](http://www.hrpa.ca/pdcal) (credit card payment only)  
 Fax: 416-923-5696  
 Mail: 150 Bloor Street West, Suite 200, Toronto, ON, M5S 2X9 (cheque payment)

HRPA Learning Centre address  
 150 Bloor Street West, Suite 200  
 Toronto, ON, M5S 2X9  
 (Northeast corner of Bay Street  
 and Avenue Road), 2<sup>nd</sup> Floor

## When registering, I understand that:

1. Registrations will not be processed unless accompanied by payment in full.
2. Confirmed registrations may be cancelled in writing. Written cancellations received less than 5 business days in advance of the webinar are subject to a \$50.00 cancellation fee.
3. Registrants who fail to attend are liable for the entire fee.
4. HRPAs reserves the right to cancel or change any event or speaker and shall not be held liable for any cost other than registration fees incurred by the registrants.

|                    | One-day Seminar | Two-day Seminar   | HRPA Conference | Certificate Program** |
|--------------------|-----------------|-------------------|-----------------|-----------------------|
| <b>Member</b>      | <b>\$395.00</b> | <b>\$745.00</b>   | <b>\$545.00</b> |                       |
| <b>Non-Member*</b> | <b>\$595.00</b> | <b>\$1,045.00</b> | <b>\$795.00</b> |                       |

\*Join HRPAs to take advantage of member pricing: [www.hrpa.ca/join](http://www.hrpa.ca/join)

\*\*Please specify price as indicated on marketing information

How did you hear about this program?

- Email from HRPAs
- HRPAs website
- Print ad
- Radio Broadcast
- Others, please specify: \_\_\_\_\_

For group discounts (two or more registrations submitted at one time, please contact HRPAs at 416-923-2324 ext. 319)

## Please register me for the following events:

| Title   | # of participants | Date | Fee\$              |
|---|-------------------|------|--------------------|
| 1.  |                   |      |                    |
| 2.  |                   |      |                    |
| 3.  |                   |      |                    |
| 4.  |                   |      |                    |
| <b>HRPA Membership</b>  |                   |      | <b>Subtotal:</b>   |
| Are you an HRPAs member? <input type="checkbox"/> Yes <input type="checkbox"/> No Member No. _____              |                   |      | <b>Plus Tax</b>    |
| Is additional person an HRPAs member? <input type="checkbox"/> Yes <input type="checkbox"/> No Member No. _____ |                   |      | <b>#R104154273</b> |
|   |                   |      | <b>Total</b> \$    |

## Registrant Information For more than two registrations, please photocopy this form.

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

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

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## Payment

Cheque Enclosed  
 Please make cheque out to HRPAs and mail to address above.

Credit Card:  Amex  Visa  MasterCard  
(additional registrant for same event)  
 Credit Card No. \_\_\_\_\_

Expiry Date (mm/yy) \_\_\_\_\_

Name \_\_\_\_\_

( as it appears on credit card )

Signature \_\_\_\_\_

Please note: Payment must accompany registration. Confirmation of registration will be e-mailed to you within two weeks of receipt. All information is subject to change.  
 Privacy policy: HRPAs is committed to protecting the privacy of your personal information. Information collected from this form will be used for fulfillment purposes and to notify you about HRPAs programs and services.  
 For further information, please visit HRPAs's website at [www.hrpa.ca](http://www.hrpa.ca) and click on the "privacy" link, or e-mail [privacy@hrpa.ca](mailto:privacy@hrpa.ca).