



District 7040 Conference
October 17, 18 and 19, 2008
Nav Canada Conference Centre
1950 Montreal Road, Cornwall, Ontario, Canada
Conference registration form Revised 8/29/2008
(Please fill in block letters)



Rotarian: Family Name _____ Given name _____ Name for I.D. tag _____

Address: _____ City: _____ Prov./State: _____ Postal code/ZIP _____

Tel.: Home (____) _____ Off. (____) _____ Cel. (____) _____ Fax: (____) _____

Club Name: _____ Position: PDG _____ AG _____ President: _____ President Elect: _____ Other: _____

Partner: Family name _____ Given name _____ Name for I.D. tag _____

Children: Name : _____ Age _____ Name _____ Age _____

Email : _____ @ _____

Amounts are in Canadian and US Funds (1US\$=1C\$)		
A – Package 1 – Complete Program		
Two persons (Rotarian and Partner) Or 1 person (Rotarian) <small>(The complete program includes registration fee, one room for one or two persons whichever the case, for two nights and five meals per person – Friday: dinner and entertainment; Saturday: breakfast, lunch and dinner (banquet & entertainment.), Sunday breakfast. Tax included</small>	695.00 \$ _____ \$ 495.00 \$ _____ \$	
B – Package 2 – Day Program _____X All meetings and meals including tax , no lodging <small>(Package 2 includes registration fee, 5 meals, entertainment for one)(Friday, Saturday and Sunday)</small>	225.00 \$ _____ \$	
C – Package 3		
Saturday (dinner and entertainment) _____X	50.00 \$ _____ \$	
Junior Suite (per night) plus tax _____X	40.00 \$ _____ \$	
D – Package 4 – Saturday/Sunday, one night lodging		
Two persons (Rotarian and Partner) _____X	550.00 \$ _____ \$	
One person (Rotarian) _____X	365.00 \$ _____ \$	
Total due (A)(B) (C) (D)) total		_____ \$
Less – Deposit at pre-registration		_____ \$
Amount included with this registration form		_____ \$

Hotel Arrival

HOTEL ARRIVAL: AFTER 4.00 P.M. DÉPARTURE: NOON

CANCELLATION: All amount paid will be reimbursed in full, if cancellation is prior to or on October 10, 2008 No reimbursement after this date, unless cancellation is due to a major event (death or hospitalisation in the immediate family).

Special needs

Do you want a non-smoking room? yes___ no___
 Are you allergic to certain food? If yes please give details.

Arrival and departure

Date and approximate time of arrival: _____

Date of departure: _____

Method of Payment

_____Cheque or money order herewith, in the amount of: _____\$

Payable to: ‘Massena Rotary Club Conference 2008’

_____ Credit card (please specify) Visa____ or MC____

Card number : (____)(____)(____)(____)

Amount _____\$ Expiration date: month____ year 20____ CVV ____

Signature : _____

Free Parking

Please fill this registration form and send it before September 18, 2008 to:

Julie Pilon, Reservations Coordinator
Conference Services, Nav Canada
Conference Centre, 1950 Montreal Rd
Cornwall, ON K6H 6L2
Phone: (613)936-5008
Fax: (613)936-5046
pilonj@navcanada.ca
reservations@navcanada.ca
Toll free 1-866-243-9193