

A. REGISTRATION INFORMATION

Please fill in BLOCK LETTERS (Complete one Registration Form per Delegate)

ICS use only	

PLEASE NOTE: By completing this Registration Form, you have released your contact information for use by Interdependence 2012 (i2012) and you have read, understood and agree to all cancellation policies and terms and conditions outlined throughout this form, brochures and the website.

Delegate	
Title (check one)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other _____
Family Name	
Given Name	
Organization/Association	
Position	
Street Address	
City/Suburb	Province/State
Country	Postal Code/Zip Code
Telephone (Country Code, Area Code)	Fax (Country Code, Area Code)
Email (Mandatory for Confirmation Letter)	
Preferred Name for Badge	

Please check the box if you **DO NOT** want your name to be included on the delegate list.

Please indicate your field here (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Chronic SCI Interventions | <input type="checkbox"/> Registries and Data Management |
| <input type="checkbox"/> Government | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Neuroregeneration | <input type="checkbox"/> Research Funding Agency |
| <input type="checkbox"/> Not for Profit Organizations | <input type="checkbox"/> Translational and/or Basic Research |
| <input type="checkbox"/> Private Sector | |
| <input type="checkbox"/> Other: _____ | |

How did you hear about the Conference?

Conference Mailing Email Media Word of Mouth Other: _____

Dietary Requirements:

- | | |
|--|--|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Dairy Allergy |
| <input type="checkbox"/> Nut Allergy | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Gluten Allergy | |
| <input type="checkbox"/> Seafood allergy | |
| <input type="checkbox"/> Other: _____ | |

Accessibility

Wheelchair/scooter access required? Yes No

If yes: Manual Power Scooter

Do you have special requirements in terms of conference services or materials?

Please describe:

RETURN COMPLETED FORM & PAYMENT TO (send only once):

International Conference Services Ltd., 2101 – 1177 West Hastings St., Vancouver, BC, Canada, V6E 2K3

FAX: +1 604 681 1049 • TEL: +1 604 681 2153 • E-mail: i2012registration@rickhansen.com

Will you be accompanied by a Caregiver*? Yes No

***Unpaid Caregiver(s)** - Individuals who provide care and assistance for a family member or friend who is in need of support because of a physical, cognitive or mental health condition. Registration fee is the same as a person with disability. Unpaid Caregivers receive the following conference benefits: all conference sessions, welcome reception, exhibition entry and coffee breaks. If applicable please select "Unpaid Caregiver Registration" on the registration page.

***Paid Caregiver(s)** do not pay a registration fee and do not receive any conference benefits. They can only attend the sessions/exhibit hall with the Delegate in their care.

If yes,
 Paid – Name of Paid Caregiver: _____

Unpaid Caregiver (\$375.00 registration fee.)

Unpaid Caregiver	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other _____ Check One)
Given Name	
Family Name	
Special requirements (e.g. dietary/mobility):	

B. FULL REGISTRATION includes: All conference sessions, program book, opening ceremony, welcome reception, exhibition entry, coffee breaks and a delegate bag. Please check the appropriate box.

FULL REGISTRATION				
Category	EARLY REGISTRATION (On or Before Mar. 16, 2012)	REGULAR REGISTRATION (On or Before May 1, 2012)	LATE/ONSITE REGISTRATION (After May 1, 2012)	TOTAL
<input type="checkbox"/> General	\$ 375.00 CAD	\$ 475.00 CAD	\$ 600.00 CAD	\$ _____ CAD
<input type="checkbox"/> Persons with a disability	\$ 175.00 CAD	\$ 200.00 CAD	\$ 250.00 CAD	\$ _____ CAD
<input type="checkbox"/> Full Time Student*	\$ 175.00 CAD	\$ 200.00 CAD	\$ 250.00 CAD	\$ _____ CAD
<input type="checkbox"/> Unpaid Caregiver	\$ 175.00 CAD	\$ 200.00 CAD	\$ 250.00 CAD	\$ _____ CAD

SINGLE DAY CONFERENCE REGISTRATION includes: All conference sessions (on selected days), program book, exhibition entry, coffee breaks and a delegate bag.

SINGLE DAY CONFERENCE REGISTRATION			
Category	EARLY/ REGULAR REGISTRATION (On or Before May 1, 2012)	LATE/ONSITE REGISTRATION (After May 1, 2012)	TOTAL
<input type="checkbox"/> General	\$ 250.00 CAD	\$ 325.00 CAD	\$ _____ CAD
<input type="checkbox"/> Persons with a disability	\$ 175.00 CAD	\$ 225.00 CAD	\$ _____ CAD
<input type="checkbox"/> Full Time Student*	\$ 175.00 CAD	\$ 225.00 CAD	\$ _____ CAD
<input type="checkbox"/> Unpaid Caregiver	\$ 175.00 CAD	\$ 225.00 CAD	\$ _____ CAD

* **Students** - Students must submit an official letter on their Institution's letterhead OR a photocopy of their 2011/2012 Student ID from the Institution where they are studying indicating proof of their Student status. Please fax or scan the proof of student status to the Conference Secretariat. Student Registrations will not be accepted without receipt of this documentation. Student proof can be emailed to: i2012registration@rickhansen.com or faxed to: 604-681-1049 (attention: i2012)

Registration cancellations received in writing at Interdependence 2012 Secretariat's address by **MAY 1, 2012** will be accepted and all fees refunded, less a \$100.00 CAD administrative fee (as per Committee policy). Cancellations received after **MAY 1, 2012** will not be refunded. Transfer of your registration to another person is acceptable; however a \$25.00 CAD administrative fee will be charged. A completed Registration Form for the new person must be faxed or mailed to the Conference Secretariat prior to the Conference, explaining who is being replaced. No refunds will be made for non-attendance at the Conference. In the unlikely event that Interdependence 2012 is cancelled, travel and accommodation costs will not be refunded.

C. WELCOME RECEPTION is included in FULL Registration. For seating & catering purposes, please indicate below if you plan to attend.

Welcome Reception
May 15, 2012

Yes, I will attend No, I will not attend

Purchase Additional Tickets
Welcome Reception | May 15, 2012

of tickets _____ @ \$ 75.00 CAD/ticket = \$ _____ CAD

E. ACCOMMODATION: If you have questions regarding accommodation or are requesting an upgraded room, please contact the Conference Secretariat i2012registration@rickhansen.com

Conference Hotels (Rates base based on single/double occupancy and do not include taxes)

Fairmont Waterfront Vancouver - \$229/night

Room Preference Smoking Non-Smoking Wheelchair Accessible

King/Queen 2 Double Beds Upgrade

Arrival Day/Date _____ Departure Day/Date _____ # of Nights _____ # of Rooms Required _____

Special Requirements (allergies etc.) _____

I will be sharing a room with: Fellow Delegate Other (Please clearly print names below)

Credit card will be used to guarantee your reservation (for hotel use only) Visa MasterCard American Express
(Hotel may charge one night room and tax to the credit card provided.)

Credit Card Number _____ Expiry Date _____ / _____

Cardholder's Name _____ Cardholder's Signature _____

ACCOMMODATION - CANCELLATION AND RESERVATION CHANGES

Please contact the Conference Secretariat at 2012-registration@icsevents.com to make changes to an existing reservation or to cancel your reservation (please do not contact the hotel directly). Cancellations or changes WILL NOT be accepted by phone. All cancellations or changes must be requested in writing by mail, fax or email (preferred).

CANCELLATION POLICY

Cancellations must be made no later than **6 weeks prior to arrival** to avoid a penalty charge of one night room and tax which will be applied to the credit card on file or loss of cheque or bank transfer deposit.

Please Note: Failure to arrive on the scheduled arrival date will result in cancellation of the hotel reservation and a charge equal to one night room and tax or more will be charged to the credit card number given above or loss of cheque or bank transfer deposit. Please confirm the length of your stay with the hotel at check-in time. Should you decide to leave earlier, the hotel may charge an early departure fee or for all nights reserved. **If you have any questions, please email: i2012registration@rickhansen.com**

IF YOU HAVE NOT USED THE i2012 CONFERENCE SECRETARIAT TO MAKE YOUR RESERVATION, PLEASE PROVIDE THE NAME OF THE HOTEL WHERE YOU ARE STAYING FOR EMERGENCY CONTACT PURPOSES: _____

TOTAL PAYABLE (Please Add Sections B, C, D, E)

Please add **Section B** \$ _____
 Section C \$ _____
 Section D \$ _____

 TOTAL \$ _____ **CAD**

METHOD OF PAYMENT: Payment can be made by credit card, company cheque, bank draft, money order, or bank transfer.

Visa **MasterCard** **American Express**

Credit Card Number: _____ Security Code (3 digit number on back of card): _____

Expiry Date: _____ / _____ Cardholder's Name: _____

Cardholder's Signature: _____

Charges on your credit card statement will appear as "International Conference Services Ltd." And will be converted to your currency.

Note: If the Card Holder's name is different from the registered Delegate's name, you are required to provide a Credit Card Authorization Form completed by the Card Holder together with a copy of the front and back of the Credit Card. Please download the Credit Card Authorization Form from the Conference Website at www.rickhansen.com/interdependence2012.

Company Cheque (Personal Cheques not accepted) **Bank Draft/Money Order** **Bank Transfer**

Please ensure that **your name** and the words "**EVENT: "i2012"**" appear clearly on any cheques, bank drafts, money orders or bank transfer payments.

Make cheques payable to "International Conference Services c/o i2012."

Bank Transfers: Beneficiary Name: International Conference Services Ltd/i2012
Suite 2101 – 1177 West Hastings Street
Vancouver, BC V6E 2K3 CANADA

Beneficiary Account No: #270247475018
Beneficiary Bank: HSBC Bank of Canada
Swift Code: HKBC CATT
Bank Address: HSBC Canada
885 West Georgia Street
Vancouver, BC V6C 3G1 CANADA

Cheques, bank drafts, money orders and bank transfers will only be accepted in CAD dollars and must be drawn on a Canadian Bank.

It is the Delegate's responsibility to ensure all bank transfer fees are paid over and above the registration fees owed, otherwise, Delegates will be asked to pay any outstanding balance at the on-site registration desk.

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