

NFA 2008 Conference
September 5 – 7, 2008
Delta Lodge, Kananaskis, Alberta

Register online by credit card at <http://www.peopleware.net/1540>
or mail of fax this form with payment.

Please type or print clearly.

Dr. First Name _____ Last Name _____ For Badge _____
 Prof. Organization _____
 Mr. Department _____
 Mrs. Address _____
 Ms. City _____ Province (State) _____ Postal (Zip) Code _____
Country _____ Telephone () _____ Fax () _____
Email _____

Please check this box if you **do not** consent to your name, organization, address, fax and e-mail appearing on the participant list:
 Do not put my name on the participant list

CONFERENCE REGISTRATION
Advance registration for the conference is required. Advance registrations will be accepted until
Tuesday, September 2, 2008 at 8:00am MST.

All fees are quoted in Canadian dollars. GST # R108102864

REGISTRATION FEES

The Conference Registration fee includes all conference sessions, Opening Reception (Friday), Breakfast (Saturday & Sunday), Lunch (Saturday), Dinner Banquet (Saturday), and Refreshment Breaks (three in total).

Description	Fee	Total
Delegate Registration	\$450.00 + GST = \$472.50	\$
PhD Student Fee	\$175.00 + GST = \$183.75	\$

ACCOMPANYING PERSONS

Description	Fee	Qty.	Total
Guest Registration includes Opening Reception on Friday and Dinner on Saturday	\$90.00 + GST = \$94.50	x _____	\$

\$ _____

nfa 2008 northern finance association

www.northernfinance.org

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EXHIBITOR REGISTRATION

Registration as an exhibitor includes exhibitor package plus full conference registration for 1 person. For each additional person at the exhibit, there is a \$625.00 + GST charge.

Description	Fee	Qty.	Total
Exhibitor Registration	\$1250.00 + GST = \$1312.50	x _____	\$ _____
Registration for Additional Person(s)	\$625.00 + GST = \$656.25	x _____	\$ _____

\$ _____

EVENTS AND MEALS

For planning purposes, please indicate whether or not you will attend the following:

Please indicate if you will require vegetarian meals.

Yes No

Please indicate if your **guest** will require a vegetarian meal.

Yes No

Please list any other special needs or dietary requirements. _____

Please list any other special needs or dietary requirements for your **guest**. _____

PAYMENT POLICY

Payment in Canadian funds must accompany this form.

Mastercard

Visa

Cheque (Payable to University of Calgary)

Credit Card Number _____ Expiry Date _____

Name of Cardholder _____ Signature _____

CANCELLATION POLICY

A \$25.00 administration fee will be withheld for cancellations received in writing prior to **May 30, 2008**.

After May 30, refunds are limited to 50% of the original registration fee paid.

MAIL OR FAX COMPLETED FORM TO:

FAX: 403-284-4184

For registration information email:

tfukami@ucalgary.ca

Tim Fukami

University of Calgary, Hotel & Conference Services

3456 24th Ave. N.W.

Calgary, AB T2N 4V5

For conference program information please visit <http://northernfinance.org/2008/index.html>