



**2009 CETA/ACTE & AETA Joint Convention
REGISTRATION FORM**



2009 Joint Convention Registration Form continued...

ADDITIONAL ACTIVITIES - ALL PRICES IN U.S. DOLLARS REGISTRATION IS REQUIRED	Before Aug 5	After Aug 5	Qty	TOTAL
Golf Tournament on Thursday, Sept 17 <i>(Includes: 18 holes of golf, breakfast, lunch & bus)</i>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100		\$
'Dinner in Town' on Thursday Sept 17 NOTE: Transportation to 'Old Montreal' will be provided. Participants will be responsible for paying for their own meal. Approximate cost of dinner is ~\$35 to \$60 CAD	<input type="checkbox"/> \$9	<input type="checkbox"/> \$9		\$
Friday Companion Tour (Friday, Sept 18) Montreal City Tour by bus <i>(Includes: bus & tour guide)</i>	<input type="checkbox"/> \$45	<input type="checkbox"/> \$45		\$
Saturday Companion Tour (Saturday, Sept 19) Botanical Garden & Biodome <i>(Includes: bus, admission fees, guide & lunch)</i>	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95		\$
Lunch Tickets <i>(for those not covered by registration fees):</i> Friday, Sept 18 Saturday, Sept 19	<input type="checkbox"/> \$36	<input type="checkbox"/> \$36		\$
	<input type="checkbox"/> \$36	<input type="checkbox"/> \$36		\$
Banquet Tickets <i>(for those not covered by registration fees):</i> Friday, Sept 18	<input type="checkbox"/> \$72	<input type="checkbox"/> \$72		\$
PAYMENT METHOD <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Check Card Number _____ Expiration _____ Signature _____ <p align="center">Return form with payment to: American Embryo Transfer Association (AETA) 2441 Village Green Place, Champaign, Illinois 61822 Phone (217) 398-2217 • Fax (217) 398-4119 E-mail aeta@assoqh.org</p>	TOTAL PAYMENT ENCLOSED (USD)			\$
CANCELLATION POLICY: To be eligible for a refund of meeting registration fees, requests must be received in writing before the following dates: <ul style="list-style-type: none"> • On or before August 19, 2009 – Full refund of registration fee • After August 19, 2009 – NO REFUND <p>The cancellation dates apply only to the meeting registration fees. Ticketed events may be cancelled due to minimum attendance requirements. Refunds will be issued for CANCELLED ticketed events only. There will be NO REFUNDS for non-cancelled events. All approved refunds will be issued after the meeting, in the form in which payment was received.</p> <p>PLEASE NOTE:</p> <ul style="list-style-type: none"> • Please be sure to pre-register for non-program ticketed events; they will not be available for purchase onsite. • Delegate contact information will be given to the participating companies (Sponsors & Exhibitors) 				



GOLF REGISTRATION FORM

GOLF TOURNAMENT – Thursday, September 17, 2009 at Golf La Prairie

SPONSORED BY:
Partnar Animal Health & Reproduction Resources

TIME / SCHEDULE	
5:45 AM	Meet in hotel lobby
6:00 AM	Bus leaves for Golf La Prairie
6:30 AM	Breakfast at Golf La Prairie
7:00 - 8:00 AM	Tee off
12:30 PM	Lunch & Awards
1:30 PM	Bus leaves for hotel
2:00 PM	Arrive at hotel

FORMAT: “Best Ball” foursomes

COST: \$110 CAD or \$100 USD (*Includes: 18 holes of golf, breakfast, lunch & bus*)

CLUB RENTAL: If you require golf clubs, you **must** reserve the clubs in advance, to reserve rental clubs, please contact the golf course directly at: Tel: 514-877-5520 (*approximate cost \$40.00 CAD plus taxes*)

DRESS CODE: Players must wear proper attire on the golf course property. Acceptable attire consists of slacks or tailored golf shorts and golf shirts with collars for men. Slacks, skirts or proper golf shorts for the women. Unacceptable attire includes: blue jeans, halter, tank or tube tops, muscle shirts, t-shirts, multi-coloured or short shorts, cut-offs, sweat shirts, rugby pants. No metal spikes permitted.

For additional information, please visit the Golf La Prairie web site at: www.golflaprairie.com

*Please complete and return this form by **August 26, 2009**, if participating in the Golf Tournament.*

PARTICIPANTS NAME(S)	HANDICAP OR 18-HOLE AVERAGE SCORE
NAME / COMPANY:	
STREET:	
CITY:	PROVINCE/STATE:
COUNTRY:	POSTAL/ZIP CODE:
TEL:	FAX:
EMAIL:	