

100th Canadian Chemistry Conference and Exhibition

Metro Toronto Convention Centre (North Building) • Toronto, Ontario, Canada • May 28-June 1, 2017

INDIVIDUAL REGISTRATION FORM

Mr. Mrs. Ms. Dr. Other First Name: _____ Last Name: _____

Affiliation: _____ Department: _____

Address (Home Business): _____

City: _____ Province/State: _____ Country: _____ Postal/ZIP Code: _____ Telephone: (_____)

_____ Fax: (_____) Email: _____

PROGRAM BOOK

Choose **ONE** Option: English Program Book French Program Book Online Program
(Please note that there is a \$5.00 charge for a print program book)

FEE WAIVER CODE: _____ (if applicable)

MEMBER DISCOUNT

To be eligible for the conference registration discount you must be an active member of CIC/CSC. If you have been a member in the past and wish to renew now, please indicate your membership number and add the appropriate membership fee to the total on this form. See below for applicable membership fee taxes.

Section 1: Membership Status	
Members of the CIC/CSC receive a substantial discount on conference registration fees. Please indicate your membership status below.	ACTION REQUIRED
<input type="checkbox"/> Active Member (ID Number: _____)	No action required - Proceed to Section 3 to receive the conference discount
<input type="checkbox"/> Expired Member (ID Number: _____)	Payment required - Proceed to Section 2 to renew your membership in order to receive the conference discount in Section 3
<input type="checkbox"/> Member of a Foreign Society (Society: _____, Member #: _____)	No action required - Proceed to Section 3 for Foreign Member conference registration fees
<input type="checkbox"/> Become a Member Today	Payment required - Proceed to Section 2 to join the CIC/CSC as a member in order to receive the conference discount in Section 3
<input type="checkbox"/> Not interested in a membership	No action required - Proceed to Section 3 to pay the non-member conference registration fees

Section 2: Join/Renew Membership		
New or renewing members should select the appropriate member fees from the following list. Please note applicable taxes on membership fees are listed below.	2017 Membership (Expires Dec 31, 2017)	SUBTOTAL
<input type="checkbox"/> Full Member	\$157.00	
<input type="checkbox"/> Postdoctoral, Retired Member	\$78.50	
<input type="checkbox"/> High School Teacher/C3 Member	\$50.00	
<input type="checkbox"/> Graduate Student Member	\$50.00	
<input type="checkbox"/> Undergraduate Student Member	\$30.00	
Applicable Taxes for Membership Fees Residents of AB, BC, SK, MB, QC, NT, NU and YT add 5% GST. Residents of ON add 13% HST. Residents of NB, NS, NL and PEI add 15% HST.	Tax	
	Section 2: TOTAL	\$

CONFERENCE REGISTRATION

Includes the Opening Reception, Poster Session Receptions, and Refreshment Breaks (Approx. \$80.00 Value)

Section 3: Conference Registration	Early Registration (Tuesday, April 18, 2017–Midnight EDT)		Standard Registration (as of Wednesday, April 19, 2017)		SUBTOTAL
	Member*	Non-Member	Member	Non-Member	
<input type="checkbox"/> Full Registration	\$450.00	\$630.00	\$550.00	\$730.00	
<input type="checkbox"/> Member of a Foreign Society ¹	\$470.00	N/A	\$570.00	N/A	
<input type="checkbox"/> Postdoctoral Registration	\$200.00	\$400.00	\$270.00	\$490.00	
<input type="checkbox"/> High School/C3 Teachers	\$160.00	\$160.00	\$180.00	\$180.00	
<input type="checkbox"/> Retired Member Registration ²	\$185.00	N/A	\$235.00	N/A	
<input type="checkbox"/> Unemployed Member Registration ³	\$75.00	N/A	\$100.00	N/A	
<input type="checkbox"/> Graduate Student Registration	\$155.00	\$280.00	\$175.00	\$320.00	
<input type="checkbox"/> Undergraduate Student Registration	\$80.00	\$115.00	\$95.00	\$135.00	
<input type="checkbox"/> One Day Registration (Select Day) Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/>	\$275.00	\$350.00	\$325.00	\$410.00	
Notes: 1. To be eligible for the foreign member rate you must be a member of another national chemistry society (ex. ACS). 2. Must meet requirements of CIC/CSC for a retired membership and be a paid member. 3. Proof of unemployed status must accompany registration.					Section 3: SUBTOTAL \$

OPTIONAL CONFERENCE ITEMS

Section 4: Optional Item	Attendance	Early Registration (April 18)	Standard Registration (April 19)	SUBTOTAL
Accompanying Guest Registration Name of Guest: _____ <i>Invited for the Opening Reception only; may not attend technical sessions or poster reception</i>	<input type="checkbox"/> YES, I have an accompanying guest	\$25.00	\$25.00	
CIC and CSC Awards Reception and Banquet Wednesday, May 31 - InterContinental Hotel Dietary Restrictions: _____	<input type="checkbox"/> YES, I will attend <input type="checkbox"/> Vegetarian meal <input type="checkbox"/> NO, I will not attend	\$90.00	\$120.00	
Scientific Frontiers and Career Paths in Mass Spectrometry Workshops Metro Toronto Convention Centre Saturday, May 27 Scientific Horizons for Mass Spectrometry in Academia Workshop Sunday, May 28 Scientific Horizons for Mass Spectrometry in Industry Workshop	<input type="checkbox"/> YES, I would like to attend the Academia Workshop <input type="checkbox"/> YES, I would like to attend the Industry Workshop	\$25.00 \$25.00	\$25.00 \$25.00	
Outreach Initiative Event Metro Toronto Convention Centre Thursday, June 1 17:00-19:00	<input type="checkbox"/> YES, I will attend <input type="checkbox"/> NO, I will not attend	N/A	N/A	
Section 4: SUBTOTAL				\$

PAYMENT METHOD

Written cancellation must be received by the CSC no later than **Tuesday, April 18** to qualify for a refund. A **\$50.00** administration fee will apply. After **Tuesday, April 18** there will be no refunds.

Conference Registration (Section 3) _____
\$ _____
+ Optional Items (Section 4) _____
\$ _____
+ 13% HST _____
\$ _____
SUBTOTAL \$
+ Membership Total (Section 2) \$ _____
= TOTAL PAYMENT DUE \$ _____ (Canadian Funds)

Cheque or bank draft drawn on U.S. or Canadian banks only. No post-dated cheques. Payable to "The Chemical Institute of Canada re: CSC 2017"

Visa MasterCard Amex

Card No. _____ Expiry Date (MM/YY): _____ Card Validation Digits (CVD)* _____

Cardholder's name (print): _____ Signature: _____

* Three digit number on the back of a Visa or MasterCard or the four digit number on the front of an American Express card. GST (Goods and Services Tax), HST (Harmonized Sales Tax) No. 108076431

Mail, fax or scan & email completed form with payment to:

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