

The 2007 Beyond the Perimeter Conference

September 24 & 25, 2007

Elkhorn Resort

Registration Deadline
July 13, 2007

Registration Form

Name _____

Firm _____

Mailing Address _____

Postal Code _____

Telephone _____ Fax _____ E-mail _____

1. Professional Development: Please indicate (✓) your Conference attendance:

- | | |
|---|--|
| <input type="checkbox"/> Full Conference (2 days).....
<i>(includes all PD sessions and meals)</i> | <input type="checkbox"/> Use 2 days of Passport..... = \$ <u> N/A </u> |
| | <input type="checkbox"/> \$350.00..... = _____ |
| <input type="checkbox"/> September 24th only
<i>(includes PD sessions and meals)</i> | <input type="checkbox"/> 1.5 days of Passport..... = <u> N/A </u> |
| | <input type="checkbox"/> \$300.00..... = _____ |
| <input type="checkbox"/> September 25th only
<i>(includes PD session and meals)</i> | <input type="checkbox"/> 0.5 days of Passport..... = <u> N/A </u> |
| | <input type="checkbox"/> \$125.00..... = _____ |

2. Accommodation at Elkhorn Resort (\$125.00 per night). Please indicate (✓) your requirements:

- | | |
|--|---|
| <input type="checkbox"/> Sunday, September 23 = \$125.00 | = _____ |
| <input type="checkbox"/> Monday, September 24 = \$125.00 | = _____ |
| | Subtotal = _____ |
| | GST Reg. 10808 4799 RT Add GST (6%) = _____ |
| | TOTAL = \$ _____ |

METHOD OF PAYMENT

Cheque / Payment in the amount of \$ _____ payable to The Institute of Chartered Accountants of Manitoba enclosed.

CHARGE TO:  Visa

 MasterCard

Card No. _____

Signature _____ Expiry Date _____

MAIL TO: The Institute of Chartered Accountants of Manitoba
500 - 161 Portage Ave East, Winnipeg, MB R3B 0Y4
OR Fax: 943-7119

You can also register online at <http://www.icam.mb.ca>