



Town Hall Meetings

Consultation on Proposed Changes to CA Experience Registration Form

Name (Please Print) _____

Firm _____

Mailing Address _____

_____ Postal Code _____

Business Telephone _____ Fax _____

E-mail _____

If you wish to attend one of the *No Fee* sessions, please pre-register to assist us with planning.

| | Fee |
|---|--|
| <input type="checkbox"/> November 14, 4:30 pm, Institute offices, Winnipeg | = \$ <u>No Fee</u> |
| <input type="checkbox"/> November 15, 12:00 pm, Heartland Inn, Winkler - \$20.00 (Includes Lunch) | = _____ |
| <input type="checkbox"/> November 16, 4:30 pm, Institute offices, Winnipeg | = <u>No Fee</u> |
| <input type="checkbox"/> November 21, 6:00 pm, Victoria Inn, Brandon - \$20.00 (Includes Dinner) | = _____ |
| <input type="checkbox"/> November 22, 12:00 pm, Thunders Restaurant, Dauphin - \$20.00 (Includes Lunch) | = _____ |
| <input type="checkbox"/> November 29, 4:30 pm, Institute offices, Winnipeg | = <u>No Fee</u> |
| GST Reg. 10808 4799 RT | Add GST (6%) = _____ |
| | TOTAL = \$ <u> </u> |

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>, select e-series.