



DELEGATE REGISTRATION FORM

Edmonton - Nov 5th - 7th, 2017

Delta Hotel South

Please submit one form for each registrant.

Surname:		First Name:	
Company:		Email:	
Address:			
City:		Province:	
Postal Code:			
Bus. Phone:		Cell:	

ACCOMMODATIONS: Contact the Delta Hotel South to book with our special WABE rate of \$146/night before Oct 6/17. See www.wabe.ca for more details.

DIETARY RESTRICTIONS: *(If applicable, list any restrictions below.)*

FULL REGISTRATION: <i>Full Registration Package includes: All 3 days of Exhibits & Papers, Opening Reception, Three Breakfasts, Sunday and Monday Lunch and WABE Awards Evening.</i>			
Early - On or before October 6, 2017	_____	\$250.00	\$
Late - After October 6, 2017	_____	\$300.00	\$
Student - (Papers & exhibits only, no meals, Student ID req'd)	_____		Complimentary
ADDITIONAL TICKETS:			
Day Pass - Per day (Papers/Exhibits)	_____	X \$75.00	\$
Sunday Lunch (Sunday noon)	_____	X \$30.00	\$
Monday Lunch (Monday noon)	_____	X \$30.00	\$
WABE Awards Evening (Tuesday evening)	_____	X \$95.00	\$
WABE Awards Evening Partner	_____	X \$60.00	\$
Breakfast(s) <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	_____	X \$30.00 ea	\$
Sub Total:			_____
GST #127793396		GST 5% of Sub Total:	
TOTAL:			_____

Visit our website at www.wabe.ca for more information.

RETURN FORM TO: Email: info@wabe.ca WABE, Suite 319 300, 8120 Beddington Blvd. NW Calgary, AB T3K 2A8 Phone: (403) 630-4907	Paid by: <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex CARD #: _____ EXPIRY DATE: _____ SIGNATURE: _____ MAKE CHEQUES PAYABLE TO: Western Association of Broadcast Engineers
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