



**DELEGATE REGISTRATION FORM**  
**Calgary - Nov 6th - 8th, 2016**  
**Hyatt Regency Hotel**

Please submit one form for each registrant.

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

**ACCOMMODATIONS:** Contact the Hyatt Regency Hotel to book with our special WABE rate of \$239/night before Oct 1/16. See [www.wabe.ca](http://www.wabe.ca) for more details.

<b>FULL REGISTRATION:</b> <i>Full Registration Package includes: All 3 days of Exhibits &amp; Papers, Opening Reception, Three Breakfasts, Sunday and Monday Lunch and WABE Awards Evening.</i>			
<b>Early</b> - On or before October 7, 2016	_____	\$ 225.00	\$
<b>Late</b> - After October 7, 2016	_____	\$ 275.00	\$
<b>Student</b> - (Papers & exhibits only, no meals, Student ID req'd)	_____		Complimentary
<b>ADDITIONAL TICKETS:</b>			
<b>Day Pass</b> - Per day (Papers/Exhibits)	_____	X \$ 75.00	\$
<b>Sunday Lunch</b> (Sunday noon)	_____	X \$ 28.00	\$
<b>Monday Lunch</b> (Monday noon)	_____	X \$ 28.00	\$
<b>WABE Awards Evening</b> (Monday evening)	_____	X \$ 95.00	\$
<b>WABE Awards Evening Partner</b>	_____	X \$ 60.00	\$
<b>Breakfast(s)</b> <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	_____	X \$ 28.00 ea	\$
<b>SBE Course</b> (full day on Tues, Nov 8/16)	_____	X \$ 99.00	\$
(Limited to 36 seats, must be fully paid delegate to attend.)			
(Pre-register with SBE to challenge exam.)			
		Sub Total:	_____
	GST #127793396	GST 5% of Sub Total:	_____
		<b>TOTAL:</b>	_____

Visit our website at [www.wabe.ca](http://www.wabe.ca) for more information.

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