

CANADIAN TREATMENT ACTION COUNCIL (CTAC)
2011 ANNUAL GENERAL MEETING REGISTRATION FORM

GENERAL INFORMATION

The AGM will be held at the Courtyard Marriott, 475 Yonge Street, in Toronto, on November 6th, 2011. The meeting is offered at no charge to registered participants. A catered lunch will be provided at the hotel directly following the AGM.

PLEASE FILL OUT AND RETURN THIS FORM TO CTAC **BEFORE MONDAY SEPTEMBER 26, 2011**
CTAC, BOX 203, SUITE 1109B, 555 RICHMOND ST W., TORONTO, ON M5V 3B1
EMAIL: admin@ctac.ca FAX: (416)-410-6538

CONTACT INFORMATION

FIRST NAME

SURNAME

ORGANIZATION *(optional)*

PROFESSIONAL TITLE *(optional)*

MAILING ADDRESS

CITY

PROVINCE/TERRITORY

POSTAL CODE

DAYTIME TELEPHONE NUMBER *(include area code)*

EMAIL ADDRESS

()

PREFERRED LANGUAGE *(please circle)*

ENGLISH

FRENCH

EITHER

REGISTRATION

I will attend CTAC's 2011 **Skills Building Session** (November 6th from 9:00am to 12:00pm)

I will be attending the catered **lunch** directly following the AGM (November 6th from 12:00pm to 1:00pm)

I will attend CTAC's 2011 **Annual General Meeting** (November 6th from 1:00pm to 4:00pm)

INDIVIDUAL REQUIREMENTS

I REQUEST THE FOLLOWING:

CHILD CARE EXPENSE REIMBURSEMENT *(Please contact the office for approved amounts and other information)*

FRENCH INTERPRETATION

SPECIAL DIETARY REQUIREMENTS *(please specify)* _____

OTHER _____