



## Advanced Workplace Investigation Workshop REGISTRATION FORM

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Food Accommodation (if req'd): \_\_\_\_\_  
 How did you hear about this program? \_\_\_\_\_  
 List of Attendees: \_\_\_\_\_

### Advanced Workplace Investigation Techniques

Oct. 14, 2010  
 (Early Bird: Sep. 14, 2010)

	Fee	Discount	Total	GST	Total/Person	# of Attendees	Total
<b>Early Bird Special</b> (see above for dates)	\$850.00	\$50.00	\$800.00	+ \$40.00	= \$840.00	_____	_____
<b>Group Discount</b> (3 or more)	\$850.00	\$25.00	\$825.00	+ \$41.25	= \$866.25	_____	_____
<b>Early Bird + Group Discount</b>	\$850.00	\$75.00	\$775.00	+ \$38.75	= \$813.75	_____	_____
<b>Standard Fees</b>	\$850.00	N/A	\$850.00	+ \$42.50	= \$892.50	_____	_____

<p><b>Workshop Location</b>  <b>Osgoode Professional Development</b>          1 Dundas Street West          Room A, 26th Floor          Toronto, Ontario M5G 1Z3          Tel: 416.597.9724          Tel: 1.888.923.3394 (outside the GTA only)          Fax: 416.597.9736</p> <p><b>Time</b>          9:00 AM – 4:00 PM</p>	<p><b>Payment</b>  <b>Total # of Attendees</b> _____ <b>Total Cost</b> _____          Visa _____ Mastercard _____ Cheque _____ (make payable to Rubin Thomlinson LLP)          Number: _____ / _____ / _____ / _____ Expiry ____ / ____          Signature: _____</p> <p><b>Mail registration form and payment to:</b>          Rubin Thomlinson LLP          20 Adelaide Street East, Suite 1104          Toronto, ON M5C 2T6  <b>OR Fax to: 416-847-1815 OR Call: 416-847-1814</b></p>
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Lunch will be provided.

For more Workshop information please visit our website

### PAYMENT MUST BE RECEIVED AT TIME OF REGISTRATION

Cancellation and Refund Policy: Once your registration has been completed, we will not be able to transfer your registration to a future session. Substitution of participants is permissible without prior notification. If you are unable to find a substitute, please notify Rubin Thomlinson LLP in writing no later than 10 business days prior to the session date and your registration fee will be refunded in full, less a 15% service charge. No refunds will be given for cancellations received less than 10 business days prior to the training date.

Rubin Thomlinson LLP reserves the right to cancel any training session it deems necessary and will, in such event, make a full refund of any registration fee, but will not be responsible for airfare, hotel or other costs incurred by registrants. No liability is assumed by Rubin Thomlinson LLP for changes in program date, content, speakers, or venue.



# Advanced Workplace Investigation Workshop

## ATTENDEE CONTACT INFORMATION

ATTENDEE # \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
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