

67th Canadian Chemical Engineering Conference

Shaw Convention Centre • Edmonton, Alberta, Canada • October 22-25, 2017

INDIVIDUAL REGISTRATION FORM

Mr. Mrs. Ms. Dr. Other First Name: _____ Last Name: _____

Affiliation: _____ Department: _____

Address (Home Business): _____

City: _____ Province/State: _____ Country: _____ Postal/ZIP Code: _____

Telephone: () _____ Fax: () _____ Email: _____

Choose **ONE** Option: English Program Book (\$5) French Program Book (\$5) Online Program Only

FEE WAIVER CODE: _____ (if applicable)

MEMBER DISCOUNT

To be eligible for the conference registration discount you must be an active member of CIC/CSCHE. If you have been a member in the past and wish to renew now, please indicate your membership number and add the appropriate membership fee to the total on this form. See below for applicable membership fee taxes.

Section 1: Membership Status	
Members of the CIC/CSCHE receive a substantial discount on conference registration fees. Please indicate your membership status below.	ACTION REQUIRED
<input type="checkbox"/> Active Member (ID Number: _____)	No action required - Proceed to Section 3 to receive the conference discount
<input type="checkbox"/> Expired Member (ID Number: _____)	Payment required - Proceed to Section 2 to renew your membership in order to receive the conference discount in Section 3
<input type="checkbox"/> Member of a Foreign Society (Society: _____, Member #: _____)	No action required - Proceed to Section 3 for Foreign Member conference registration fees
<input type="checkbox"/> Become a Member Today	Payment required - Proceed to Section 2 to join the CSCHE as a member in order to receive the conference discount in Section 3
<input type="checkbox"/> Not interested in a membership	No action required - Proceed to Section 3 to pay the non-member conference fees

Section 2: Join/Renew Membership		
<i>New or renewing members should select the appropriate member fees from the following list. Please note applicable taxes on membership fees listed below.</i>	2017 Membership (Covers a 12-month period)	Subtotal
<input type="checkbox"/> Full Member	\$157.00	
<input type="checkbox"/> Postdoctoral Member	\$78.50	
<input type="checkbox"/> Graduate Student Member	\$50.00	
<input type="checkbox"/> Undergraduate Student Member	\$30.00	
* Applicable taxes for membership fees: Residents of AB, BC, SK, MB, QC, NT, NU and YT add 5% GST. Residents of ON add 13% HST. Residents of PEI add 14% HST. Residents of NS, NL, NB add 15% HST.		\$

CONFERENCE REGISTRATION

Conference Registration: Includes the Opening Reception, Poster Session Reception and Refreshment Breaks. The CIC and CSChE Awards Reception and Banquet is NOT included.

Section 3: Conference Registration	Early Registration (September 11, 2017 – Midnight EDT)		Standard Registration (as of September 12, 2017)		Subtotal
	Member*	Non-Member	Member	Non-Member	
<input type="checkbox"/> Full Registration	\$595.00	\$785.00	\$715.00	\$890.00	
<input type="checkbox"/> Member of a Foreign Society	\$620.00	N/A	\$740.00	N/A	
<input type="checkbox"/> Postdoctoral Registration	\$335.00	\$615.00	\$355.00	\$675.00	
<input type="checkbox"/> Retired Member Registration	\$265.00	N/A	\$280.00	N/A	
<input type="checkbox"/> Unemployed Member Registration	\$95.00	N/A	\$115.00	N/A	
<input type="checkbox"/> Graduate Student Registration	\$235.00	\$315.00	\$255.00	\$335.00	
<input type="checkbox"/> Undergraduate Student Registration	\$95.00	\$155.00	\$150.00	\$180.00	
<input type="checkbox"/> One Day Registration (Indicate Day: _____)	\$300.00	\$400.00	\$390.00	\$490.00	
Section 3: SUBTOTAL					\$

Notes:

1. To be eligible for the foreign member rate you must be a member of another national chemical engineering society (ex. AIChE).
2. Must meet requirements of CIC/CSChE for a retired membership and be a paid member.
3. Proof of unemployed status must accompany registration.

OPTIONAL CONFERENCE ITEMS

Section 4: Optional Item	Attendance	Early Registration (September 11)	Standard Registration (September 12)	Subtotal
Accompanying Guest Registration Name of Guest: _____ <i>Invited for the Opening Reception; may not attend technical sessions or poster reception</i>	<input type="checkbox"/> YES, I have an accompanying guest	\$45.00	\$50.00	
Undergraduate Student Awards Banquet Monday, October 23 <i>Must indicate attendance by September 11 or you will not receive a ticket</i> Dietary Restrictions: _____	<input type="checkbox"/> YES, I will attend <input type="checkbox"/> Vegetarian meal <input type="checkbox"/> NO, I will not attend	\$35.00	\$40.00	
CIC and CSChE Awards Reception and Banquet Tuesday, October 24 Dietary Restrictions: _____	<input type="checkbox"/> YES, I will attend <input type="checkbox"/> Vegetarian meal <input type="checkbox"/> NO, I will not attend	\$45.00	\$55.00	
Early Career Publishing Workshop Sunday, October 22	<input type="checkbox"/> YES, I will attend <input type="checkbox"/> NO, I will not attend	Free	Free	

Introduction to Engineering Education Workshop Sunday, October 22 Must register by October 1	<input type="checkbox"/> YES, I will attend <input type="checkbox"/> NO, I will not attend	\$50.00	\$50.00	
Process Data Analytics Workshop Sunday, October 22 Includes Coffee and Lunch Must register by October 1	<input type="checkbox"/> YES, I will attend <input type="checkbox"/> NO, I will not attend	See Below	See Below	
Non-Student Fee		\$100.00	\$100.00	
Student Fee		\$50.00	\$50.00	
Section 4: SUBTOTAL				\$

PAYMENT METHOD

Written cancellation must be received by the CSChE no later than Monday, September 11 2017 to qualify for a refund. A \$50.00 administration fee will apply. After Monday, September 11 there will be no refunds.

Conference Registration (Section 3): \$ _____
 + Optional Items (Section 4): \$ _____
 + Program Book: \$ _____
 + 5% GST: \$ _____

= Total: \$ _____
 + Membership Total (Section 2): \$ _____

= TOTAL PAYMENT DUE: \$ _____

PAYMENT TOTAL \$ _____ (Canadian funds)

Cheque or bank draft drawn on U.S. or Canadian banks only. No post-dated cheques. Payable to "The Chemical Institute of Canada re: CSChE2017"

Visa MasterCard Amex

Card No. _____

Card Validation Digits (CVD)* _____

Expiry Date (MM/YY): _____

Cardholder's name (print): _____

Signature: _____

** Three digit number on the back of a Visa or MasterCard or the four digit number on the front of an American Express card. GST (Goods and Services Tax) No. 108076431*

Mail or fax completed form with payment to:

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