

**Canadian Association of Insurance Women
Registration Form**

43RD ANNUAL MEETING AND CONVENTION
June 3 – 7, 2009
Delta Chelsea Hotel, Toronto ON

Journey to Toronto



One City, Many Nations

Name: _____ Designation(s): _____

Company: _____

Business Address: _____

Business Tel: _____ Fax: _____ E-mail: _____

Local Association: _____

Check all that apply:

Delegate Alternate Member First Timer CAIW Past President

Early Bird Closing Date: April 30, 2009
Registration Closing Date: May 12, 2009

Please note: A \$25 surcharge applies to registrations received after the closing date
No refund of registration fees will be issued after **May 12, 2009**

Registration Fees: (Please make appropriate selection)

- | | |
|--|-------|
| <input type="checkbox"/> Full Registration: June 3 – 7, 2009 inclusive
(Sunday Farewell Brunch included with full registration only) | \$300 |
| <input type="checkbox"/> Friday Full Education Day including Lunch | \$150 |
| <input type="checkbox"/> Friday Fun Night | \$100 |
| <input type="checkbox"/> Saturday Awards Night Banquet
(name of guest required and applies per person) | \$150 |
| <input type="checkbox"/> Exhibition Booth (including one full registration) | \$700 |

Total Registration Fees: \$ _____

Please make cheque payable to: **TIWA CONVENTION FUND 2009**

Please return completed registration form with payment to:

TIWA Convention Fund 2009
1277 York Mills Road,
P.O. Box 33536
North York, ON M3A 1Z5

For registration information contact Gail Peter at (tel.) 416.350.4629, (fax) 416.369.7163, or gailpeter@sympatico.ca

continued

Please make room reservations direct with the Delta Chelsea Hotel

Delta Chelsea Hotel
33 Gerrard Street West,
Toronto, ON M5G 1Z4
Tel: 416.595.1975 / Fax: 416.585.4375
Toll free: 1.800.243.5732
Website: www.deltahotels.com
On-Line Registration: <http://www.deltachelsea.com/gjaciw3>

Room rates (plus 14% tax): Premier Room: \$189. (single or double occupancy)
Signature Club Room: \$274.
Triple occupancy: \$20 additional /person per night

When booking, please refer to: **Group Code GJACIW3**

Check-in time: 3:00pm Check-out time: 12:00 noon

Please note: Deadline for reservations at group rates is **May 4, 2009**

Additional information (please complete & return with your registration form)

1. Exhibitor contact:

Michelle Cole-Kennedy
Pathway Partners Ltd.
1 Yonge Street, Suite 1801
Toronto, ON M5E 1W7
Telephone: 416.214.4284 / Fax: 416.369.0515
Cell: 416.802.7106
E-mail: mcolekennedy@pathwayltd.com

2. Transportation **on arrival** from airport to hotel required? Yes No
If yes, please provide details (airline, flight number, date & time of arrival)

3. Special meal requirements?
 Vegetarian
 Food Allergies (please specify) _____
 Other (please specify) _____

4. Continuing Education Credits required? Yes No
If yes, please provide your Provincial Licence Number: _____

5. Attending Sunday Brunch? Yes No

For information on Toronto sites, events, restaurants, and other useful things visit the *Toronto Tourism* Web site at

www.torontotourism.com

Note: Toronto tour maps will be included in the Registration kit