



2019 CAG AGM Corporate Registration

GROUPE CANADIEN D'APHÉRÈSE

CANADIAN APHERESIS GROUP

39TH ANNUAL GENERAL MEETING AND SCIENTIFIC SESSIONS

October 4 - 6, 2019

Chelsea Hotel, 33 Gerrard St W, Toronto, ON M5G 1Z4

Dr. R.N. Mr. Ms. Mrs.

Surname: _____ First Name: _____

Name as it should appear on Badge: _____
(if different from above)

Institution: _____

Employment Position: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Email: _____

Name of accompanying person (non-delegate, if applicable) _____

Special requirements (diet/medical) _____

I will be attending the Saturday night reception and dinner: (included in registration fee) YES NO

Your guest may attend the Saturday evening Reception & Dinner for a cost of: \$100

REGISTRATION FEE: Corporate: \$400.00

Payable by cheque only, and mailed to the **Canadian Apheresis Group by September 20, 2019.**

- CAG Mailing address: 199-435 St. Laurent Blvd., Ottawa, Ontario, K1K 2Z8.
- Later payments can be made upon arrival, **by cheque only**, and payable to the **Canadian Apheresis Group.**
- **Complimentary, full CAG AGM Registrations are available to corporate sponsors: see Table below**

Sponsorship Level	Platinum	Gold	Silver	Bronze
Number of Registrations	3	2	2	1
Table Top Exhibit	1	1	1	-

NOTE: The Registration Fee (& process) is separate from the Hotel's accommodation cost (& booking):

A special room rate for this meeting (**\$159** / night for single/double occupancy—plus applicable taxes)

To reserve your accommodations, please visit:

<https://gc.synxis.com/rez.aspx?Hotel=59052&Chain=10316&start=availresults&arrive=10/4/2019&depart=10/6/2019&adult=1&child=0&group=CAG103119>

OR: Call the hotel directly, **toll free 1-800-CHELSEA (243-5732)** or 416-595-1975. To book under the special rate, you must identify yourself as part of the "Canadian Apheresis Group" or use reference **ID CAG103119.**

IMPORTANT: The deadline to take advantage of the conference rate is **Monday, September 19, 2019.**

- At the time of booking, you will be required to guarantee your room by providing a credit card for your reservation.

Date _____ Signature _____

Please FAX this completed form to 613-748-6392—or—email to cag@cagcanada.ca

NB:

- All registrations received will be confirmed by the CAG by follow up email.
- **Note: your registration should be considered complete only when you have received email confirmation.**