	☐ CPABC MEMBER ☐ CPABC STUDENT	□ OTHER			
	NAME COMPANY				
	ADDRESS				
	CITY			PROVINCE	POSTAL CODE
	PHONE	FAX		E-MAIL	
	Special Dietary Requirements: If you have allergies or need other special meal considerations, please let us know at the time you register, so we can make the necessary arrangements with the hotel catering staff. Allergies only, not preferences.				
	CODE DATE SEM	IINAR TITLE			FEE
	CODE DATE SEM	IINAR TITLE			FEE
	CODE DATE SEM	IINAR TITLE			FEE
	CODE DATE SEM	IINAR TITLE			FEE
	CODE DATE SEM	IINAR TITLE			FEE
	Confirmations will be emailed within 1 business day upon receipt of registration. It is the attendee's responsibility to confirm their registration in the event they do not receive a confirmation. Refunds cannot be provided for failure to receive a confirmation. All PD seminars are subject to the		PD Passport Holders: □ Flexi PD Passport		SUB-TOTAL
			□ Personal PD Passport PD Passport No.	5% GST ((GST No. 107508541)
	Terms and Conditions as outlined on the	e next page.	19		TOTAL
	TO ORDER A PD PASSPORT (A saving Personal PD Passport:	Otyx \$1,65		r more information see pag	e 7 or pd.bccpa.ca)
		Qty x \$2,0			SUB-TOTAL
	PD PASSPORT ORDERS: All PD Passport Orders, (for both members and non-members), MUST be accompanied by payment to be processed. Please fill out the "METHOD OF PAYMENT"			5% GST (GST No. 107508541)
	section below.	ction below.			TOTAL
	The undersigned has read, understood and agrees to be bound by the Terms and Conditions of the PD				
	The undersigned has read, understood an	d agrees to be bound	by the Terms and Conditions of th	ne PD Passport as outlined	on page 181.

PLEASE NOTE: Credit card Information can now only be accepted by phone. Ensure you enter a valid phone number on the form and

we will contact you. Alternatively, you can register online at pd.bccpa.ca or call CPABC PD at 604 872.7222

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