

# Faith Community Summit on Pandemic Preparedness and Response

June 20 and 21, 2007

Canadian Mennonite University

Winnipeg, Manitoba



## Registration



Name (First, Last, Title): \_\_\_\_\_

Organization: \_\_\_\_\_

Address (City, Province, Postal Code): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Conference Fees

\$150.00 (\$159.00 with GST) until June 7, 2007

\$200.00 (\$212.00 with GST) after June 7, 2007

Fee includes conference materials, Opening Dinner and Reception and breakfast, lunch and refreshments.

Yes, I will attend the Keynote Dinner and Reception on June 20.

**Accommodations:** Accommodations are not included in the conference fees.

Accommodations are available on the Canadian Mennonite University Campus in the Student Residences.

Yes, I will stay in the CMU accommodations. This information will be forwarded to the Canadian Mennonite University.

Single \$40.00 (\$42.40 with GST)

Double \$80.00 (\$84.80 with GST)

No, I will make alternative arrangements for my accommodations.

A block of standard rooms has been reserved at a reduced rate (\$113.00 plus GST) at the Holiday Inn Airport West, 2520 Portage Avenue (approximately 15 minutes by cab from the CMU Campus). If booking a room at the Holiday Inn Airport West please quote group quote **FPS**. This room rate is only guaranteed until May 20, 2007.

### Special Dietary Needs:

Yes, I have the following food preferences and/or dietary restrictions:

### Cancellation Policy:

No refunds will be issued after June 14, 2007. Substitution of delegates is acceptable. **Registration will not be guaranteed until payment is received and will be subject to cancellation if payment is not received.**

### For More Information on Registration Contact:

The International Centre for Infectious Diseases

Phone: (204) 946-0908

Fax: (204) 946-0927

E: [faith@icid.com](mailto:faith@icid.com)

403-445 Ellice Avenue, Winnipeg, MB R3B 3P5

### Payment: \$150.00 (\$159.00 with GST )

Invoice

Cheque (made out to the International Centre for Infectious Diseases)

Visa

MasterCard

Card Number: \_\_\_\_\_

Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_