

**CAP/COMP/BSC 2004 CONGRESS**  
**REGISTRATION FORM**  
 Delta Hotel, Winnipeg, Manitoba June 13-16, 2004

Name: \_\_\_\_\_  
 (First, last) (Preferred for badge)

Professional Affiliation: \_\_\_\_\_  
 (Organization, company, university)

Company Address \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_ Country \_\_\_\_\_ Code \_\_\_\_\_

Phone: work \_\_\_\_\_ home \_\_\_\_\_ FAX \_\_\_\_\_

E-mail: \_\_\_\_\_

Faculty Member  Graduate Student  Postdoctoral Fellow  Industry  High-School/Cegep Teacher  Other

**REGISTRATION FEE SCHEDULE (mandatory 7% GST extra)**  
 (on-line registration available at <http://www.cap.ca> effective March 1/04)

**REGISTRATION FEES: (Canadian Funds)**

	<b>Before May 1</b>	<b>May 1 or later</b>	
Members of <input type="checkbox"/> CAP <input type="checkbox"/> COMP <input type="checkbox"/> BSC (indicate one)	\$ 320	\$ 375	\$ _____
Members of <input type="checkbox"/> APS <input type="checkbox"/> IOP <input type="checkbox"/> SMF <input type="checkbox"/> CNF <input type="checkbox"/> DPG <input type="checkbox"/> IPS	\$ 320	\$ 375	\$ _____
Invited Speakers	\$ 320	\$ 375	\$ _____
Non-Members	\$ 395	\$ 450	\$ _____
CAP/COMP Student Members	\$ 100	\$ 120	\$ _____
Non-Member Students	\$ 120	\$ 140	\$ _____
High School & Jr. College Teacher Member	\$ 100	\$ 120	\$ _____
Non-Member High School/Jr. College Teachers	\$ 120	\$ 140	\$ _____
Retirees	\$ 140	\$ 180	\$ _____
<u>One Day Regist'n:</u> ( )Sun., ( )Mon., ( )Tues., ( )Wed.			
Non-Member	\$ 185/day	\$ 220/day	\$ _____
Member/Invited Speaker	\$ 145/day	\$ 170/day	\$ _____
High School Teachers	Free	Free	\$ _____

Yes, I will attend the Welcome Reception on Sunday Evening, June 13 (light refreshments will be served)

SUBTOTAL \$ \_\_\_\_\_

GST (7%) \$ \_\_\_\_\_

**OPTIONAL EVENTS NOT INCLUDED IN REGISTRATION FEE:**

Banquet, **Tuesday, June 15<sup>th</sup>** (# of tickets) \_\_\_\_\_ @ \$ 65.00 (taxes incl.) \$ \_\_\_\_\_

Box lunches for Monday and Tuesday (package deal) \_\_\_\_\_ @ \$ 25.00 (taxes incl.) \$ \_\_\_\_\_

Special dietary requirements? \_\_\_\_\_

TOTAL ENCLOSED: \$ \_\_\_\_\_

**PAYMENT MUST ACCOMPANY THIS FORM**

**Payment must be in Canadian Funds and drawn on a Canadian bank account.**

~ VISA ~ Mastercard ~ Cheque ~ Money Order Payable to "University of Manitoba (CAP 2004)"

Credit Card Number: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Signature \_\_\_\_\_

**Please send registration form and total fees to the following:**

**\*\*\*IF REGISTERING ONLY 10 DAYS PRIOR TO CONFERENCE DATE - PLEASE FAX\*\*\***  
 CAP2004

Department of Physics and Astronomy, University of Manitoba  
 Winnipeg Manitoba Canada R3T 2N2  
 Phone: (204) 474-9817 ; Fax: (204) 474-7622

DO NOT SEND ACCOMMODATION FEES WITH THIS FORM - PLEASE MAIL TO HOTEL SEPARATELY