

HSA CONVENTION 2013 Guest Registration Form

Name: (Ms./Mr.)	
Title/Organization:	
Address:	
	Postal Code:
Phone: (Work)	Fax:
I WILL ATTEND:	
HSA Social	Thu Apr 18 (5:00-6:30pm) Yes ☐ # attending: No ☐
Convention	Fri April 19 (8:30am-5pm) Yes ☐ # attending: No ☐
Reception/Banquet	Fri April 19 (6:00pm) Yes ☐ # attending: No ☐
Convention	Sat April 20 (8:30am-4:00pm) Yes ☐ # attending: No ☐
I will be bringing a gue	st, whose name is:
Travel Arrangements:	Single □ Double □ Arriving: Date: Time: Departing: Date: Time:
Method of Payment:	□ VISA □ Mastercard □ Other
	Credit Card Number (to guarantee accommodations) Expiry Date
Special Requests:	Yes ☐ No ☐ (<i>i.e.</i> , visual/hearing impaired, dietary, wheelchair access or other)
Please advise:	
Date:	Signature:
to HSA (At	Please fax back by FRIDAY, March 8 th , 2013 ttention: Wendy) at 604-419-5193 or toll free at 1-800-663-6119