

TTIA 2019 CONGRESS REGISTRATION

Name		Email	
Address			City
State/ Province	Zip/Postal Code	Cell Phone	Phone

PERMISSION I have checked the boxes below and give permission for:

My information to be printed in the **2019 Congress Participant List**.

My photograph to be used in TTIA/TTNO publications or website.

Signature

Date

CONGRESS REGISTRATION AND FEES: **All-inclusive Rates:** include workshops, hotel room, all meals, all day snacks (healthy & guilty), hotel amenities, gratuities and HST – **Day Tripper Rates:** include workshops, lunch, snacks and HST. Day Trippers may purchase Breakfast & Dinner separately. To view hotel and amenities go to www.kingbridgecentre.com.

MEMBER CONGRESS ONLY		US Dollars	CA Dollars	AMOUNT			
	2 Night Single Occupancy	\$ 577.50	\$ 770.00				
	2 Night Double Occupancy	\$ 465.00	\$ 620.00				
	2 Night Triple Occupancy	\$ 427.50	\$ 570.00				
	Day Tripper Saturday & Sunday	\$ 285.00	\$ 380.00				
	Day Tripper Saturday Only	\$ 165.00	\$ 220.00				
	Day Tripper Sunday Only	\$165.00	\$ 170.00				
MEMBER CONGRESS & TEACHERS' DAY		US Dollars	CA Dollars	AMOUNT			
	3 Night Single Occupancy	\$885.00	\$ 1,180.00				
	3 Night Double Occupancy	\$705.00	\$ 940.00				
	3 Night Triple Occupancy	\$660.00	\$ 880.00				
	Day Tripper Friday to Sunday	\$446.00	\$ 595.00				
	Day Tripper Friday Only	\$165.00	\$ 220.00				
MEMBER Congress or Congress & Teachers' Day Fees SUBTOTAL							
PRESENTER/COMMITTEE MEMBERS Fees - DEDUCT 17.5% from Member price							
NON-MEMBERS Fees - Add 10% to Member Price							
Additional Fees/Activities (indicate number of guests)							
Invite a Dinner Guest	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Sunday	\$ 50.00
Invite a Lunch Guest	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Sunday			\$ 35.00
Optional Saturday Evening Game Night						\$35.00	\$ 45.00
TOTAL PAYABLE							

Educational Components And Practitioner Workbook Supervised Session—TTNC Members

I will use this weekend as an Education Component toward maintaining Recognized Practitioner status.

I wish to provide a session under supervision for recording in my "Practitioner Workbook".

OTHER INFORMATION		METHOD OF PAYMENT	
I am willing to volunteer at the conference	Pay By:	<input type="checkbox"/>	Cheque or Money Order– mail with registration
I need a ride from:		<input type="checkbox"/>	eTransfer – Contact TTNO Office for Instructions
I can give a ride from:		<input type="checkbox"/>	Credit Card (MC/Visa) American Express (TTIA)
My roommate will be:	Number		SC:
I need help finding a roommate:	Do not e-mail credit card information		
I need reserved seating/special accommodation: Specify: Dietary Needs- Specify:	For Assistance contact the TTIA office at: 518-325-1185 or the TTNO office at: 416-649-5885 or email TTIA at: ttia@therapeutictouch.org or TTNO at: memberships@ttno.ca		

