



Office Use Only:	
Reg #:	Date:
Fees:	Rec'd:
+/-:	Type:



**The American Association of Clinical Anatomists
Optional Tour Registration Form
July 16 – 17, 2008**

Please print clearly and retain a copy for your records:

Last Name:		First Name:	
Organization:			
Address:			
City:	Province/State:	Postal/Zip Code:	
Country:	E-Mail:		
Telephone: ()		Facsimile: ()	
Special assistance:		Dietary requirements (Niagara only):	

TOURS

Date	Tour	# of Tickets	Ticket Price (CAD \$)	Tour Fee (in CAD \$)
Wednesday, July 16	A Day in Niagara: The Magnificent Falls		\$ 130.00	
Thursday, July 17	Highlights of Toronto: CN Tower & City Tour		\$ 80.00	
TOTAL TOUR COST:				

NOTE: You will receive notification should your tour not be available. Tickets will be available for pick up at the registration desk. Registration desk hours will be communicated closer to the program dates. **ONLY FORMS ACCOMPANIED BY PAYMENT WILL BE PROCESSED!**

PAYMENT

Cheque # _____ made payable to Congress Canada. Cheques must be in CAD.

Visa MasterCard

Credit Card Number: _____ **Expiry Date:** _____

Cardholder Name: _____ **Signature:** _____

NOTE: Credit cards will be charged in Canadian dollars but the equivalent US Dollar amount will show on the statement from your credit card company. Tour purchases will be identified on your credit card statement under the name of Congress Canada.

DEADLINES AND TERMS

Deadline for pre-registration is June 15, 2008. After this date, registration will be on-site at the meeting and based upon availability. On-site purchases will be subject to a \$5.00 surcharge per ticket. Cancellations must be submitted to Congress Canada in writing and received by June 15, 2008. Cancellations received by June 15, 2008 will be issued a refund less a 25% administrative fee. No refunds or exchanges will be made for cancellations received after June 15, 2008.

Return this form along with payment to:

Congress Canada, Attn: AACA Tour Program
555 Richmond Street West, Suite 1004, PO Box 202
Toronto, ON, Canada M5V 3B1
Tel: (416) 504-4500 Fax: (416) 504-4505 Email: sserrambana@congresscan.com