

Please complete this form and send it back by fax or by mail along with your payment (one form per delegate).

1- DELEGATE INFORMATION

Please write in capital letters. Thank You - Information with a * are required

Mrs. Ms. Mr.

FAMILY NAME*		FIRST NAME(S)*	
TITLE			
ORGANISATION			
ADDRESS*			
CITY*		POSTAL/ZIP CODE*	
PROV/STATE		COUNTRY*	
PHONE	EXT.	FAX	EMAIL
FOOD RESTRICTIONS			

2- SPECIAL NEEDS

(Select as many as applicable) - Please tick

When you attend the Vision 2008 Conference:

Are you in a wheelchair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you have a guide dog with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you need a sighted guide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you need the services of a professional interpreter?	<input type="checkbox"/> Yes - Please specify	<input type="checkbox"/> No
<input type="checkbox"/> Oral	<input type="checkbox"/> ASL	<input type="checkbox"/> LSQ
		<input type="checkbox"/> Tactile
Do you need to receive the conference information in an accessible format?	<input type="checkbox"/> Yes - Please specify	<input type="checkbox"/> No
<input type="checkbox"/> CD Audio	<input type="checkbox"/> Braille	<input type="checkbox"/> Large Print (14pt)
		<input type="checkbox"/> Etext

3- VISION 2008 REGISTRATION FEES

(see Preliminary Program for complete details)

In Canadian dollars only - (**) Reduced rates will apply to full payment received prior to indicated deadlines.

		Until Feb. 29, 2008**	Until June 1, 2008**	After June 1, 2008	
FM	ISLRR Member	CAD 700	CAD 800	CAD 850	
FNM	Non-member	CAD 800	CAD 900	CAD 950	
FMS	Student ISLRR Member	CAD 240	CAD 285	CAD 315	
FS	Student ISLRR Non-member	CAD 275	CAD 325	CAD 350	
International Society for Low Vision Research and Rehabilitation (ISLRR) Member ID # _____				Subtotal 1	

4- ACCOMPANYING PERSON(S) REGISTRATION

		Until Feb. 29, 2008**	After Feb. 29, 2008**	Nb. of Persons	
FA	Accompanying person	CAD 125	CAD 150	X _____ pers	
				Subtotal 2	

	Accompanying Person Family Name	First Name(s)	Food restrictions
1-			
2-			
3-			

5- TECHNICAL VISITS – JULY 9, 2008 – 13:30

(Included in registration and accompanying persons. fees - see Preliminary Program for complete details)

	Delegate	Accomp. Person 1	Accomp. Person 2	Accomp. Person 3	
TV1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INLB (Institut Nazareth et Louis-Braille)
TV2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BAnQ (Bibliothèque et Archives nationales du Québec)
TV3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Centre Michel-Mathieu
TV4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The MIRA Foundation
TV5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	École d'optométrie, Université de Montréal
TV6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MAB-Mackay Rehabilitation Centre

6- SOCIAL PROGRAM & TOURS

(See Preliminary Program for details)

SL	Cruise on the St.Lawrence River	July 11 – 13:30	CAD 100	x _____ pers	
GALA	Jazzy Gala Dinner	July 10 – 19:00	CAD 100	x _____ pers	
T1	Botanical Garden, Biodôme...	July 7 – 09:00	CAD 70	x _____ pers	
T2	Discovery Tour - The Laurentians	July 8 – 9:00	CAD 125	x _____ pers	
T3	Walking tour in historical Old Montreal	July 6 – 11:00	CAD 60	x _____ pers	
T4X2 T4X1	The Charlevoix Region	July 12 to 14 – 8:00	Per pers./double occupancy CAD 1122 Per pers./single occupancy CAD 1415	x _____ pers x _____ pers	
				Subtotal 3	

* All applicable taxes included.

TOTAL AMOUNT DUE*

(Total of subtotals 1+2+3)

Please repeat the following information:	
FAMILY NAME*	FIRST NAME(S)*

7 - PAYMENT
All payments in Canadian Dollars - Registration will only be valid upon receipt of the full payment by the Conference Secretariat VISION 2008

Please tick

BANK TRANSFER
Note: If you are planning to pay by bank transfer, please add CAD 25 \$ to the total amount due to cover banking administrative fees.

Institution Caisse Centrale Desjardins, Montréal, Canada
Swift CCDQCAMM
Transit 815
Branch 30240
Account 00808949
Beneficiary VISION 2008 / OPUS3

CHEQUE : Payable to VISION 2008 / OPUS3 INC.

<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Total amount due	\$
Card number: _ _ _ _ _		Expiry date (mm/yy): _ _ / _ _		
Cardholder Name (please print):		Signature:		

CANCELLATION POLICIES

Any cancellation must be notified in writing to the Conference Secretariat Vision 2008.

Refund of Registration Fees: There will be a charge of 20% of your total registration fees and for cancellations received before June 7, 2008, 23:59, Montréal local time. There will be no refunds for cancellations made after June 8th, 2008, 00:00, Montréal local time.

Refund of Social Program and Tours: There will be no refund for cancellations of social programs and tours at any time.

INVOICING

If the invoicing address is different from the delegate address, please, complete the information below, and send this page along with the registration form.

DELEGATE FAMILY NAME		DELEGATE FIRST NAME	
ORGANISATION			
CONTACT FAMILY NAME**		FIRST NAME*	
ADDRESS*		CITY*	
PROV/STATE	POSTAL/ZIP CODE*	COUNTRY*	
PHONE	EXT	FAX	EMAIL

Please return your Registration Form along with your payment to :

Conference Secretariat VISION 2008 – c/o Opus 3 inc.
417 Saint-Pierre Street, Suite 203
Montréal, Québec, Canada - H2Y 2M4

For more information:

Tel. +1 514 395-1808
Fax +1 514 395-1801
Regist. E-mail: vision2008-reg@opus3.com
Gen. E-mail: vision2008@opus3.com
<http://www.vision2008.ca>