



Canadian Symposium  
For  
Parental Alienation Syndrome

**MAIL IN - REGISTRATION FORM**

**October 2<sup>nd</sup> – October 3<sup>rd</sup>, 2010**

Mr.    Mrs.    Dr.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

**Email** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Professional Affiliation** \_\_\_\_\_  Medical    Legal

**Business Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Province/State** \_\_\_\_\_ **Country** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Province/State** \_\_\_\_\_ **Country** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Registration entitles the attendee to admission in all sessions of the two day program and all of the complimentary food and beverage breaks.

**REGISTRATION FEE: \$ 195.00**

**CANCELLATION POLICY**

Written cancellations must be received no later than September 1, 2010, less a \$50.00 administrative charge. No Refunds will be made after the date of September 1st.

**TRAVEL & ACCOMODATIONS**

All attendees must make their own travel and hotel accomodations. The Registration Fee does not include any travel or hotel accomodations, however, a discounted Hotel rate is being provided on the website under EVENTS.

**TRANSFERRING REGISTRATION**

Registrations may be transferred to another attendee at any time.

**PAYMENT INSTRUCTIONS**

**Make Check Payable To: CS PAS**

**Mail Your Check To: CS PAS, A7 - 1390 Major Mackenzie Drive, Richmond Hill, Ontario L4S A01**

**Amount Of Check: \$195.00**