

Marketing & Fundraising Symposium

November 18–20 | Calgary, Alberta

SHERATON CAVALIER, CALGARY

REGISTRATION FORM

Ce formulaire est seulement disponible en anglais

Delegate Information

Name _____
Title _____
Institution _____
Address _____
City _____
Province _____ Postal Code _____
Telephone # _____
Email _____

CMA Membership # _____
or
AMA Membership # _____

☐ I agree that my name and contact information as it appears above will be included in the delegates list. This document will be made available to the delegates and exhibitors attending the Symposium.

☐ I agree to receive electronic communications from the CMA.

Meal Requirements:

- | | |
|---|---|
| <input type="checkbox"/> Vegetarian meals | <input type="checkbox"/> Allergy to nuts |
| <input type="checkbox"/> Gluten-free meals | <input type="checkbox"/> Allergy to eggs |
| <input type="checkbox"/> Lactose-intolerant | <input type="checkbox"/> Allergy to shellfish |

Round Table Discussions

(Please indicate first, second and third choice of topics)

- ☐ Donor Development
- ☐ Developing an Effective Marketing/Communications Strategy
- ☐ Understanding and Serving Your Audience
- ☐ Demonstrating Your Value to Your Community

How to Register

Phone: (613) 567-0099 ext. 222 — Fax: (613) 233-5438

Email: membership@museums.ca

Mail: The Marketing & Fundraising Symposium
280 Metcalfe St., Suite 400, Ottawa, ON K2P 1R7

If you have any questions, please contact:
membership@museums.ca or (613) 567-0099 ext. 222.

Maximum two registrants per CMA or AMA institutional member.

Registration Rates

Early Bird
(Aug 15 –
Sept 25)

Regular
(Sept 25 –
Oct 31)

Symposium	<input type="checkbox"/> \$ 330	<input type="checkbox"/> \$ 375
Sunday Evening Ice Breaker	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 25
Off-site Workshop	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$ 75

Subtotal \$ _____

TAX (GST — 5%) \$ _____

Total \$ _____

Registration closes: October 31, 2018

Method of Payment:

HST Registration No: R106864374

☐ Cheque enclosed (payable to the Canadian Museums Association).

Please charge my:

☐ VISA ☐ MasterCard

Name on Card _____

Card Number _____

Expiry Date _____ CVV (on back of card) _____

Signature _____

Cancellation policy: Only written cancellations will be considered. Fees for cancellation prior to **November 1, 2018** will be refunded less a 25% administration fee. Due to financial commitments made in advance, no refunds will be granted after **November 1, 2018**.

☐ I have read and hereby acknowledge the cancellation policy.

Signature: _____

The conference program is subject to change without notice. Please check museums.ca/site/MKTSymposium_2018 regularly for updates.