

**2008 REGISTRATION FORM****International Fitness and Club Business Conference and Trade Show
AUGUST 13 – 17, 2008****HAVE QUESTIONS?**

Call us at 1-800-667-5622 or local from Toronto at 416-493-3515.

Please print clearly and fill in the entire form. Use one form per person. You may photocopy for additional registrants.

Today's Date: _____

 Check here if previously paid by phone. You must complete the entire form, omitting payment information and fax or mail to Can-Fit-Pro. Submit your session requests promptly for best session selection.

Date of phone registration: _____

1. PERSONAL INFO

Can-Fit-Pro ID: _____

 Mr. Mrs. Miss. Ms. Dr.

Last Name: _____

(It's my new last name, previously: _____)

First Name: _____

Address: _____

City: _____

Prov.: _____ Postal Code: _____

Country: _____

This is my: Home address Club address New address

Home Phone: _____ Bus. Phone: _____

Cell Phone: _____ Fax: _____

Email: _____

Club Name: _____

Select the titles(s) that describe what you do:

 Owner/Manager Pilates or Yoga Instructor Director/Coordinator Allied Health Professional Personal Trainer Group Exercise Instructor
(incl cycling and aqua)**2. REGISTRATION FEES**

Rates listed below are in Canadian dollars and do not include 5% GST.

Three-Day Registration

Received by:	Professional Member*	Non-Member**	Student Special***
Friday, July 4	<input type="checkbox"/> \$249	<input type="checkbox"/> \$308	<input type="checkbox"/> \$199
Friday, August 1	<input type="checkbox"/> \$339	<input type="checkbox"/> \$398	N/A

One-Day Registration

	Professional Member*	Non-Member**
July 4 – August 1	<input type="checkbox"/> \$209	<input type="checkbox"/> \$268

The last date to pre-register and submit session requests is August 1, 5:00 PM EST.

*/**/**Please refer to the registration details to see which rate applies to you.

Stand-By, Late, and On-Site Registration

Available August 2 - 8 and on-site. The fees are applicable to both members and non-members and include GST. The stand-by late and on-site fees do not include complimentary professional membership to Can-Fit-Pro.

Three-day registration	<input type="checkbox"/> \$425
One-day registration	<input type="checkbox"/> \$300

3. OTHERProfessional Membership Renewal \$49Certification Request \$99

Please refer to page 52 to check if this applies to you.

Handout Access Fee \$10

Please refer to registration details for more information on the service.

4. PRE-CONFERENCE WORKSHOPS

Note: you are considered a delegate if you are attending the professional conference for one day or all three days. The delegate status does not apply to the Consumer Show attendees. Please check the appropriate box below.

Workshop Name	Professional Member Delegate	Professional Member Non-Delegate	Non-Member Non-Delegate*
Monday, August 11-Thursday, August 14			
1000 – 4-Day Introductory Neuro-Linguistic Programming (NLP) Diploma Course	\$599	\$699	\$758
Thursday, August 14			
2011 – Active Aging: A New Profit Centre	<input type="checkbox"/> \$119	<input type="checkbox"/> \$159	<input type="checkbox"/> \$218
2014 – The Business of Personal Training	<input type="checkbox"/> \$119	<input type="checkbox"/> \$159	<input type="checkbox"/> \$218
2018 – New Delegate Orientation	<input type="checkbox"/> Free with Conference Registration		
2020 – New Delegate Orientation	<input type="checkbox"/> Free with Conference Registration		

6. REFERRAL Yes, I am new to the Can-Fit-Pro conference.

Referred by: _____

In appreciation of introducing you to our conference in Toronto, if you are new, the person who referred you will receive a \$15 gift certificate to use for any Can-Fit-Pro product or service until December 2008!

Where did you hear about the event/promotional code:

7. REGISTRATION PAYMENT (check all that apply) MasterCard VISA Money Order Cheque*

*Payable to Can-Fit-Pro. No post-dated cheques. Returned cheques are subject to a \$25 administrative fee.

CREDIT CARD INFO

Card #: _____

Expiry Date: (mm/yy): _____

Card Holder (print): _____

Authorized Signature: _____

Name (First & Last): _____

8. TOTAL FEES

Fill in the totals from each applicable section on this form. Valid cash-value coupons and Can-Fit-Pro credit notes are deducted from the grand total. Original coupons and credit notes must accompany the registration form.

SECTION 2: REGISTRATION FEES \$ _____

SECTION 3: OTHER \$ _____

Less BRM 10% Discount (if applicable) (indicate BRM #: _____) \$ _____

Less Group Discount: (if applicable) \$ _____

1st Subtotal: \$ _____

SECTION 4: PRE-CONFERENCE WORKSHOPS \$ _____

2nd Subtotal: \$ _____

Plus 5% GST: (#88581-8328 RT0001) \$ _____

GRAND TOTAL: \$ _____

I would like to donate the amount indicated to The Sears National Kids Cancer Ride. (Tax receipts will be provided for donations over \$20.00)	\$ _____
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9. SESSION REQUESTS

Fill in the session code for your first through fourth requests for each time slot. Refer to the session description for the session codes. Note: your session requests will be processed on a space available first come first served basis, based on the date your complete registration is received.

Friday, August 15

Session Time	1st Request	2nd Request	3rd Request	4th Request
8:00 AM - 9:30 AM	31 _____	31 _____	31 _____	31 _____
10:15 AM - 12:00 PM	<input type="checkbox"/> Yes I will be attending the Opening Ceremonies and Keynote (you must check here to receive a ticket).			
1:30 PM - 3:00 PM	32 _____	32 _____	32 _____	32 _____
4:00 PM - 5:30 PM	33 _____	33 _____	33 _____	33 _____
6:15 PM - 7:30 PM	34 _____	34 _____	34 _____	34 _____
7:00 PM - 9:00 PM	<input type="checkbox"/> Yes I will be attending the Delegate Welcome Reception - Zumba Dance Party (you must check here to receive a ticket).			

Saturday, August 16

Session Time	1st Request	2nd Request	3rd Request	4th Request
7:30 AM - 8:45 AM	41 _____	41 _____	41 _____	41 _____
9:30 AM - 11:00 AM	42 _____	42 _____	42 _____	42 _____
11:00 AM-12:30 PM	40 _____	40 _____	40 _____	
12:30 PM - 2:00 PM	42 _____	42 _____	42 _____	42 _____
3:00 PM - 4:30 PM	43 _____	43 _____	43 _____	43 _____
5:15 PM - 6:30 PM	44 _____	44 _____	44 _____	44 _____
9:30 AM - 10:15 AM	<input type="checkbox"/> Yes I will be attending the World's Largest Pilates Class			

Sunday, August 17

Session Time	1st Request	2nd Request	3rd Request	4th Request
7:30 AM - 8:45 AM	51 _____	51 _____	51 _____	51 _____
9:30 AM - 11:00 AM	52 _____	52 _____	52 _____	52 _____
11:45 AM - 1:15 PM	53 _____	53 _____	53 _____	53 _____
1:45 PM - 3:00 PM	54 _____	54 _____	54 _____	54 _____

10. WAIVER OF LIABILITY AND CONSENT

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY! Please consult your physician prior to starting an exercise or fitness program, and prior to participating in this event. This is a release of claims and by signing it I agree to the following:

- I represent to Canadian Fitness Professionals Inc. further referred to as "Can-Fit-Pro" that I am in excellent physical health.
 - I understand and agree to abide by the conditions of the cancellation policy, session request and stand-by procedures and that pre-paid registration does not guarantee session requests.
 - Can-Fit-Pro may videotape, audiotape or photograph me and retain the rights to use these items and may employ any or all of these for all commercial and non-commercial purposes without payment of any kind to me and without further notice to me or permission from me.
 - I consent that the information collected herein may be used to send me updates on Can-Fit-Pro offerings as well as marketing initiatives from select companies associated with Can-Fit-Pro.
 - I am aware that there are risks associated with participating in fitness activities and exercise. My participation is completely voluntary and I freely accept and fully assume all responsibility for all risks, and all possibilities of personal injury, death, property damage or loss to myself or any other person as a result of my participation in fitness activities. I agree as do my heirs, next of kin, executors, administrators and assigns:
 - To waive all claims, known or unknown, that I have or may have in the future against Can-Fit-Pro including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners or lessees (the "organization");
 - That Can-Fit-Pro is not liable or responsible for any damage to, loss or theft of your property;
 - To release and forever discharge Can-Fit-Pro from all liability for any personal injury, death, property damage or loss resulting from your participation in fitness activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgment of Can-Fit-Pro;
 - To be liable for and to hold harmless and indemnify Can-Fit-Pro from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with your participation in fitness activities.
 - I agree that in the unlikely event of cancellation due to extreme conditions beyond the control of Can-Fit-Pro including, but not limited to Acts of Nature, Acts of Terrorism, medical advisory, or other conditions, my registration fee shall be non-refundable.
 - I consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during the Conference.
- I have read, I understand and I agree to the forgoing.

Print Name: _____

Signature: _____

Date: _____

REGISTRATION METHODS

Online:
www.canfitpro.com
conferences@canfitpro.com

Phone:
416-493-3515
1-800-667-5622

Mail:
Can-Fit-Pro Toronto 2008
110-255 Consumers Rd.
Toronto, ON M2J 1R4

Fax:
416-493-1756