

CLE REGISTRATION FORM

This 2-PAGE form is for individual registrations only. For group registrations, please call 416-597-9724. Please complete and submit by email osgoodepd@osgoode.yorku.ca, fax (416) 597-9736, or mail to Osgoode Professional Development, 1 Dundas West, 26th Floor, Toronto, Ontario, M5G 1Z3

Program Information		
Program Name		
Program Date		
Attendance Option (Please refer to program brochure/website for options available)		
Registrant Information		
First Name		
Last Name		
Position Title		
Year of Call (if applicable)		
Areas of Interest <i>(Please select 3):</i>	<ul style="list-style-type: none"> Aboriginal Law Administrative Law Alternative Dispute Resolution Advertising & Marketing Law Bankruptcy & Insolvency Banking & Financial Services Law Charities & NFP Law Class Actions Construction Law Business/Corporate Law Competition Law Constitutional & Human Rights Law Criminal Law Civil Litigation Education Law Elder Law Entertainment & Sports Law Environmental Law Family Law 	<ul style="list-style-type: none"> Health Law In House Corporate Counsel Immigration Law Insurance Law International Law Intellectual Property Law IT & Tech Law Labour & Employment Law Municipal Law Negligence/Tort Law Natural Resources/Energy Law Pension & Benefits Law Personal Injury Law Privacy & Access to Info Procurement/Purchasing Law Real Property Law Securities Law Tax Law Wills, Estates & Trusts Law
Primary Practice Area		
Please send me promotional material regarding upcoming programs in my select areas of interest via:	<input type="checkbox"/> Email <input type="checkbox"/> Direct Mail <input type="checkbox"/> I do not want to receive promotional email/mail	

Company/Firm/Organization Information

Company/Firm/Organization Name	
Full Mailing Address (including City, Province, Postal Code)	
Telephone	
Email Address	
Secondary Email Address to be included in registration communication (<i>Example: Assistant</i>)	

Payment Information

Cheque enclosed (payable to York University — HST# R119306736)	
Bill my credit card: VISA Mastercard	
Cardholder name	
Card Number	
Expiry	CVV
Signature	
Payment amount	\$
NOTES (Extra Registration Details)	
(i.e. dietary restrictions, GST/HST exemption number, discount codes):	

Please see the program brochure/website for its Cancellation and Substitution policy.