



# The 12th World Congress of the International Society for Prosthetics and Orthotics

July 29 ~ August 3, 2007, Vancouver Convention & Exhibit Centre, Vancouver, Canada

## REGISTRATION FORM

Please complete the form below and return it with the appropriate payment to ISPO 2007 Congress Secretariat,  
C/o Venue West Conference Services Ltd.

Suite 645-375 Water Street, Vancouver, BC, V6B 5C6, Canada

TEL: (604) 681-5226 FAX: (604) 681-2503 Email: [congress@venuewest.com](mailto:congress@venuewest.com)

We strongly recommend that you register online at: <https://www.venuewest.com/2007/ispo/reggen>

## PERSONAL INFORMATION

DELEGATE (Please type or print in block letters and ✓ where appropriate)					
Title:	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
Family Name:			First Name:		
Profession			Company/Institution:		
Address:					
City:	State/Province:		Zip/Postal Code:	Country:	
Tel:	Fax:		Email:		

ACCOMPANYING PERSON (if registered)					
Title:	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
Family Name:			First Name:		

## REGISTRATION (All amounts in CDN\$)

	Early Bird (Before April 16, 2007)	Regular (After April 16, 2007)	On-Site	Amount
Full Registration (ISPO)	\$790.00	\$890.00	\$990.00	
Full Registration (Other)	\$1,150.00	\$1,250.00	\$1,350.00	
Day (ISPO)	\$450.00	\$450.00	\$450.00	
Day (Other)	\$580.00	\$580.00	\$580.00	
Student *	\$450.00	\$450.00	\$450.00	
Exhibit Only	\$275.00	\$275.00	\$275.00	
Exhibitor (Full)	\$350.00	\$350.00	\$350.00	
Consumer (Day)	\$60.00	\$60.00	\$60.00	
Accompanying Person	\$100.00	\$100.00	\$100.00	
Gala Evening	\$100.00	\$100.00	\$100.00	
Total Amount Due:				

\* Student Registration must include a reference letter from the department head or chair and a photocopy of your student ID. We will NOT process your registration until we receive the required documentation.

Please select your meal preference: Standard  Vegetarian

I authorize the 12th World Congress of the International Society for Prosthetics and Orthotics to share my contact information with delegates and exhibitors

I will attend the Social Evening on July 30, 2007

We will email you a notification of acceptance of your registration submission, within 2 weeks. If you do not receive anything, please contact: [congress@venuewest.com](mailto:congress@venuewest.com)

## PAYMENT DECLARATION

I would like to settle the amount of CDN \$ \_\_\_\_\_ by:

Canadian Cheque

Canadian Bank Draft payable to "ISPO 2007"

Credit Card:

Visa

MasterCard

Name of Cardholder (in Capital Letters): \_\_\_\_\_

I hereby authorize "Venue West Conference Services Ltd." to debit my account for the above-mentioned amount.

Card Number: \_\_\_\_\_ Expiry Date (MM/YY): \_\_\_\_\_

Credit Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_