



BCAB 63rd ANNUAL CONFERENCE
MAY 5-7 2010 VICTORIA BC



British Columbia Association of Broadcasters

The **PREFERRED**
METHOD of REGISTRATION
is
via the **WEB** at
www.bcab.ca

REGISTRATION & HOTEL ACCOMMODATION FORM

CS use only

A. REGISTRATION INFORMATION - Please fill in BLOCK LETTERS (Complete one Registration Form per Delegate)

PLEASE NOTE: By completing this Registration Form, you have released your contact information for use by the BCAB 63rd Annual Conference (BCAB 2010) and you have read, understood and agree to all cancellation policies and terms and conditions outlined throughout this form, brochures and the website.

Delegate		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	(Check One)
Last Name		
First Name		
Position		
Organization		
Street Address		
City/Suburb		Province/State
Country		Postal Code/Zip Code
Telephone (Area Code)		
Fax (Area Code)		
Email (Mandatory for Confirmation Letter)		

B. FULL CONFERENCE & SPOUSE/PARTNER REGISTRATION Includes: Name Badge, Conference Program, All Conference Sessions, President's Reception, President's Dinner & Awards Gala, Breakfasts, Refreshment Breaks and Lunches.

Please check the appropriate box(es). All fees include 5% GST.

FULL CONFERENCE & SPOUSE/PARTNER REGISTRATION			
Category	EARLY REGISTRATION (On or Before April 19, 2010)	REGULAR REGISTRATION (After April 19, 2010)	TOTAL
<input type="checkbox"/> Member	\$261.45 CAD	\$313.95 CAD	\$
<input type="checkbox"/> Non Member	\$261.45 CAD	\$313.95 CAD	\$
<input type="checkbox"/> Spouse/Partner	\$208.95 CAD	\$261.45 CAD	\$

Preferred Name for Delegate Badge	
First Name	
Last Name	

Preferred Name for Spouse/Partner Badge	
First Name	
Last Name	

Please indicate special requirements for Delegate (e.g. dietary/mobility): _____

Please indicate special requirements for Spouse/Partner (e.g. dietary/mobility): _____

Payment must be received on or before April 19, 2010 to qualify for the Early Registration Fee. Registrations received after April 19, 2010 will be processed at the Regular Registration Fee. **Registrations may not be processed until payment is received in full.**

REGISTRATION SUBTOTAL \$ _____ CAD

RETURN COMPLETED FORM & PAYMENT TO (send only once):

International Conference Services Ltd., 2101 – 1177 West Hastings St., Vancouver, BC, Canada, V6E 2K3

FAX: +1 604 681 1049 • TEL: +1 604 681 2153 • E-mail: bcab2010-registration@icsevents.com



British Columbia Association of Broadcasters

The **PREFERRED**
METHOD of **REGISTRATION**
is
via the **WEB** at
www.bcab.ca

C. SOCIAL FUNCTIONS included in FULL and SPOUSE/PARTNER Registrations: President's Reception, President's Dinner & Awards Gala, Breakfasts, Refreshment Breaks and Lunches. Additional tickets may be purchased for the President's Dinner & Awards Gala and Lunches.

For seating & catering purposes, please indicate below if you plan to attend. For more information on these events, please visit the Conference Website at www.bcab.ca

	Delegate	Spouse/Partner Person (if applicable)
President's Reception Wednesday, May 5, 2010 (19:00 – 21:00)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thursday Continental Breakfast Thursday, May 6, 2010 (07:30 – 8:45)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thursday Buffet Lunch Thursday, May 6, 2010	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Friday Continental Breakfast Friday, May 7, 2010 (07:30 – 8:45)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Friday Buffet Lunch Friday, May 7, 2010	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
President's Dinner & Awards Gala Friday, May 7, 2010 (19:00 – 22:00)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL SOCIAL FUNCTION TICKETS: Please indicate the number of tickets you would like to purchase. All prices include 5% GST.

Thursday Buffet Lunch (Thursday, May 6, 2010)

Early Fee – On or by April 19, 2010 # of tickets _____ @ \$52.50 CAD/ticket = \$ _____ CAD
 Regular Fee – After April 19, 2010 # of tickets _____ @ \$73.50 CAD/ticket = \$ _____ CAD

Friday Buffet Lunch (Friday, May 7, 2010)

Early Fee – On or by April 19, 2010 # of tickets _____ @ \$52.50 CAD/ticket = \$ _____ CAD
 Regular Fee – After April 19, 2010 # of tickets _____ @ \$73.50 CAD/ticket = \$ _____ CAD

President's Dinner & Awards Gala (Friday, May 7, 2010)

Early Fee – On or by April 19, 2010 # of tickets _____ @ \$105.00 CAD/ticket = \$ _____ CAD
 Regular Fee – After April 19, 2010 # of tickets _____ @ \$136.50 CAD/ticket = \$ _____ CAD

SOCIAL FUNCTIONS SUBTOTAL \$ _____ CAD

D. GOLF TOURNAMENT

BEAR MOUNTAIN GOLF & COUNTRY CLUB REGISTRATION: Just minutes from beautiful Victoria, experience Canada's only 36-hole Jack Nicklaus designed golf course. The BCAB Golf Tournament will be played in the new 18-hole championship Valley Course. Offering a completely different experience than the Mountain Course with wider fairways and larger greens, the Valley course completes the destination golf experience at Bear Mountain and offers something for golfers of all skill levels.

Golf registration includes 18 holes of golf, power cart, club valet & club cleaning services, use of practice area, warm up bucket of range balls, one drink ticket and the lunch buffet. All fees include 5% GST.

Golf Registration (Wednesday, May 5, 2010 -13:00 Shot Gun)

Early Fee – On or by April 1, 2010 # of tickets _____ @ \$145.95 CAD/ticket = \$ _____ CAD
 Regular Fee – After April 1, 2010 # of tickets _____ @ \$166.95 CAD/ticket = \$ _____ CAD



BCAB 63rd ANNUAL CONFERENCE
MAY 5-7 2010 VICTORIA BC



British Columbia Association of Broadcasters

The **PREFERRED**
METHOD of REGISTRATION
is
via the **WEB** at
www.bcab.ca

If you have a preference for forming your own foursome, please print the players' names below. Please note that this is not guaranteed.

Player #1 Name: _____

Player #2 Name: _____

Player #3 Name: _____

Handicap: If you have a handicap, please provide it. _____

GOLF REGISTRATION SUBTOTAL \$ _____ CAD

E. ACCOMMODATION: The Delta Victoria Ocean Pointe Resort and Spa is the Conference Hotel. For more information on the property, please visit the hotel website at: www.deltahotels.com/en/hotels/british-columbia/delta-victoria-ocean-pointe-resort/. Should you require assistance with your reservation, please contact the Conference Secretariat at bcab2010-registration@icsvents.com

Room Preference Smoking Non-Smoking King 2 Queen Beds Upgrade Wheelchair Accessible

Arrival Day/Date _____ Departure Day/Date _____ # of Nights _____ # of Rooms Required _____

Special Requirements (allergies etc.) _____

I will be sharing a room with: Accompanying Person(s) Fellow Delegate My Family (Please clearly print names below)

Credit card will be used to guarantee your reservation (for hotel use only) Visa MasterCard American Express

Credit Card Number _____ Expiry Date ____ / ____

Cardholder's Name _____ Cardholder's Signature _____

If you do not have a credit card, you may send a cheque deposit in the amount of **\$ 206.00 CAD** per room which is required to secure your hotel reservation. Reservation requests received without a valid credit card number or cheque deposit will not be processed.

If the credit card provided will be used to pay hotel accommodation and does not belong to the Registered Delegate, please contact the Conference Secretariat at bcab2010-registration@icsevents.com. A hotel credit card authorization form will be sent to you for completion and a photocopy of the front and back of the card will be required.

***For hotel cheque deposit only \$ _____ CAD**

ACCOMMODATION - CANCELLATION AND RESERVATION CHANGES

Please contact the Conference Secretariat at bcab2010-registration@icsevents.com to make changes to an existing reservation or to cancel your reservation (please do not contact the hotel directly). Cancellations or changes WILL NOT be accepted by phone. All cancellations or changes must be requested in writing by fax or email (preferred).

CANCELLATION POLICY

Cancellations must be made no later than 48 hours **prior arrival** to avoid a penalty charge of one night room and tax which will be applied to the credit card on file or loss of cheque deposit.

Please Note: Failure to arrive on the scheduled arrival date will result in cancellation of the hotel reservation and a charge equal to one night room and tax or more will be charged to the credit card number given above or loss of cheque deposit. Please confirm the length of your stay with the hotel at check-in time. Should you decide to leave earlier, the hotel may charge an early departure fee or for all nights reserved.

IF YOU HAVE NOT USED THE BCAB 2010 CONFERENCE SECRETARIAT TO MAKE YOUR RESERVATION, PLEASE PROVIDE THE NAME OF THE HOTEL WHERE YOU ARE STAYING FOR EMERGENCY CONTACT PURPOSES: _____

RETURN COMPLETED FORM & PAYMENT TO (send only once):
International Conference Services Ltd., 2101 – 1177 West Hastings St., Vancouver, BC, Canada, V6E 2K3
FAX: +1 604 681 1049 • TEL: +1 604 681 2153 • E-mail: bcab2010-registration@icsevents.com



BCAB 63rd ANNUAL CONFERENCE
MAY 5-7 2010 VICTORIA BC



British Columbia Association of Broadcasters

The **PREFERRED**
METHOD of **REGISTRATION**
is
via the **WEB** at
www.bcab.ca

TOTAL PAYABLE (Please Add Sections B, C, D, E)

TOTAL

Please add	Section B	\$ _____	Registration
	Section C	\$ _____	Additional Social Function Tickets
	Section D	\$ _____	Golf Tournament Registration
	Section E	\$ _____	Accommodation
	TOTAL	\$ _____	CAD

METHOD OF PAYMENT: Payment can be made by credit card or cheque.

Visa **MasterCard** **American Express**

Credit Card Number: _____ Security Code (3 digit number on back of card): _____

Expiry Date: _____ / _____ Cardholder's Name: _____

Cardholder's Signature: _____

Card Holder's Address: _____

Charges on your credit card statement will appear as "International Conference Services Ltd."

Note: If the Card Holder's name is different from the registered Delegate's name, you are required to provide a Credit Card Authorization Form completed by the Card Holder together with a copy of the front and back of the Credit Card. Please download the Credit Card Authorization Form from the Conference Website at www.bcab.ca

Company or Personal Cheque

Cheques will only be accepted in CAD dollars and must be drawn on a Canadian Bank. Please ensure that **your name** and the "**EVENT: BCAB 2010**" appear clearly on any cheques.

Make cheques payable to "International Conference Services c/o BCAB 2010."

REGISTRATION - REFUND & CANCELLATION POLICY: Cancellations and substitutions are accepted in writing prior to the Conference. No refunds will be provided for any paid registrations; however, transfer of your registration to another person is acceptable. A completed Registration Form for the new person must be faxed or mailed to the Conference Secretariat prior to the Conference, explaining who is being replaced. **DO NOT USE THE ON-LINE REGISTRATION FORM FOR THIS PROCEDURE.**

In the unlikely event that the BCAB 63rd Annual Conference is cancelled, travel and accommodation costs will not be refunded.

RETURN COMPLETED FORM & PAYMENT TO (send only once):

International Conference Services Ltd., 2101 – 1177 West Hastings St., Vancouver, BC, Canada, V6E 2K3

FAX: +1 604 681 1049 • TEL: +1 604 681 2153 • E-mail: bcab2010-registration@icsevents.com