Conference Registration



22nd Annual National Conference - 2024

Delta Hotels St. John's Conference Centre – NL Sunday, April 28th - Wednesday, May 1st

Please complete and send by mail or fax with payment to: **The Canadian Institute of Financial Planners "CIFPs"** c/o CIFPs, 390 Brant Street, Suite 501, Burlington, ON L7R 4J4 Tel: 1-866-933-0233 Fax: 647-723-6457

General information	or register vid our website. www.cirrs.ca	Membership #:		
□ Mr. □ Mrs. □ Ms.				
First name	(as you wish it to appear on your name badge) Surn	ame		
Designations (check all that apply)	OCFP® □RRC® □CLU® □ChFC® □CFA □R.F.P. □	FCSI® Other:		
Certified Financial Planner® Registrant #:	I have been in the financial plan	ning profession for	years.	
If certified, would you like your Confer	ence name badge to identify you as a CFP® profe	essional? 🗆 Yes or 🗅 N	10	
Company:	Street address:			
City: Province	ce: Postal code:			
Telephone bus./home:	E-mail:	Fax:		
^a Check this box if you do not wish to will be released.	share your contact information on this form with s			
Companion program: "Yes "No	□ Companion name:			
How did you hear about this event?	□ CIFPs Mailing □ Word of Mouth □ Website □ Investment Executive Advertisement □ Insura □ Other:	nce Journal Advertiseme	ent	
Please indicate special dietary requ	uirements:			
Registration rates Register now for the best prices (contact	et CIFPs for group and corporate rates):	Register by Mar 2 receive the lov		
		Early Bird by Mar 27 th , 2024	Standard Rates	
CIFPs Member price		□ \$779.00 CAD	□ \$999.00 CAD	
Become a member and attend the conference		□ \$929.00 CAD	□ \$1,149.00 CAD	
Become a member (not attending conference)		□ \$299.00 CAD	□ \$299.00 CAD	
Attend the conference as a non-member		□ \$1,079.00 CAD	□ \$1,299.00 CAD	
COMPANION TICKETS: Includes all meals, events and sessions. (all dates)		□ \$349.00 CAD	□ \$399.00 CAD	
	nference and companion registration. ed on your province of residence will Pleas			
Payment information UISA MASTERCARD AN	иЕХ а Cheque (payable to The Canadian Inst	itute of Financial Plannel	rs "CIFPs")	
I hereby authorize CIFPs to charge m	ny credit card for the registration fees plus applica	ble taxes.		
Card number:	Expiration date:	CVV#	CVV#:	
Cardholder's name:	Cardholder's signature:			

Cancellation policy

- Substitutions may be made at any time by faxing a written request to the attention of CIFPs 22nd Annual National Conference 2024 at 647-723-6457.
- Cancellation requests must be received in writing by February 1st, 2024. No refunds will be given for cancellations received after February 1st, 2024.