

Comprehensive Behavioural Intervention for Tics Training and Certification (CBIT)

Winnipeg, Manitoba, Canada

October 17-18, 2019

**Special Dietary Needs or Accommodations**

**(No preferences please**)

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* In order to avoid disappointment, please register no later than **September 9, 2019**
* Forward completed registration to:

Tourette Canada

Toll-Free Phone: 1-800-361-3120

Toll-Free Fax: 1-800-387-0120

Local Fax: 905-673-2638

[Email: cbit@tourette.ca](mailto:Email:%20cbit@tourette.ca)

Website: [www.tourette.ca](file:///C:\Users\shyminskyk\Desktop\TC%20CIBIT\CBIT%201GB\www.tourette.ca)

Cheques payable to “**Tourette Canada**”

## Your registration includes:

* All training materials, morning and lunch meals and refreshments.
* Registration will begin at 8:00 a.m. with the program beginning at 9:00 a.m.

## Conﬁrmation will be sent by email.

* Payment will not be processed if the session is full.
* Maximum attendance is 30 people.

## Cancellation Policy:

* There will be a $50 administration fee for any cancellations.
* No refunds after **September 27, 2019**
* No substitutions.

**Hotel Details:**

# Canad Inns Polo Park 1405 St. Matthews Ave, Winnipeg, MB

# Preferred Room Rate: $142.20CD/night

**Accommodations:**

Please notify us as soon as possible should you require accommodations, have special needs, or dietary restrictions.

# REGISTRATION FEE

# Registration: $775 CDN

(Please note foreign exchange rates will be charged by your credit card provider or by the foreign exchange rate on day of processing as assigned by the Bank of Canada)

**Grand Total:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**METHOD OF PAYMENT**

🞏 Cheque Enclosed

🞏 Please charge my: 🞏 Visa 🞏 MasterCard 🞏Amex

Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry Date / CCV \_\_\_\_\_\_\_\_\_(3 digits)

Cardholder’s Signature

# YOUR INFORMATION

\*Please register each participant individually.

🞏 Mr. 🞏 Mrs. 🞏 Ms. 🞏 Dr.

First Name Last Name **Email (REQUIRED)**  Organization/School Job title/Year Address

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prov/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Postal /ZIP\_\_\_\_\_\_\_\_\_\_

Daytime Telephone ( )