



Ideal Pharmaceutical Alliance

Seminar Registration Form

First Name: _____ Last Name: _____ Title: _____

Organization Name: _____ Job Title: _____

Address: _____
Street

City	State/Province	Zip/Postal code
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Telephone: _____ Email Address: _____

Name of seminar: _____

Seminar ID: _____ Fee: _____ Early Registration Fee: _____

I require a Vegetarian Meal: _____ Non-Vegetarian Meal: _____

Request Badge Name (if different from above): _____

PAYMENT OPTIONS

If paying by credit card, please fax registration form to **(416) 622-5056**

If paying by cheque or money order, make cheque payable to Ideal Pharmaceutical Alliance, send cheque and registration form to Ideal Pharmaceutical Alliance, 385 The West Mall, Suite 259, Toronto, ON M9C 1E7

Pay by Credit Card: VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____

Card#: _____ --- _____ --- _____ --- _____ Exp: (mm/yy): _____

Cardholder's Signature: _____ Print Name: _____

Attendant's Signature: _____ Date: _____

Any question? Contact us: (416) 622-5055 or contact@ipa-canada.com

CANCELLATION/ REFUND POLICY AND COMPANY LIABILITY

Seminar fees should be received 5 business days prior to the seminar date. A receipt will be sent out within 2 days. Refund will be paid if attendant cancels 10 business days prior the seminar date, minus a \$25 administration fee. If cancellation request is made less than 10 business days before the event or you fail to attend your registration fee is forfeited.

IPA reserves the right to cancel, modify and/ or change materials, speakers, seminars and events without notice. If for any reason a seminar must be cancelled registrants will be notified and all fees paid will be returned in full. IPA cannot be held liable for airfare, travel and/ or any penalties incurred due to cancellation.