



Passport Application Form 2011/12

CONTACT NAME: (please print) _____

DESIGNATION : CA ___ CA STUDENT ___ CMA ___ CGA ___ OTHER (please specify) _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

E-MAIL: _____

TELEPHONE: _____ **FAX:** _____

	<u>EARLY BIRD PRICE</u> <small>(before October 1)</small>		<u>REGULAR PRICE</u>		<u>TOTAL</u>
	MEMBER	NON MEMBER <small>(please check)</small>	MEMBER	NON MEMBER	
CORPORATE	<input type="checkbox"/> \$2050	<input type="checkbox"/> \$2500	<input type="checkbox"/> \$2215	<input type="checkbox"/> \$2725	_____
PERSONAL	<input type="checkbox"/> \$775	<input type="checkbox"/> \$940	<input type="checkbox"/> \$850	<input type="checkbox"/> \$1015	_____

SUBTOTAL _____

ADD 5% GST _____

(GST # R107508558)

TOTAL _____

Your confirmation will be your receipt.

PAYMENT INFORMATION

CHEQUE VISA MASTER CARD

CARD #: _____ Expiry Date: _____

CARD HOLDER: (please print) _____

AUTHORIZED SIGNATURE OF CARDHOLDER: _____

**TO REGISTER: FAX 1(306) 569-8288
 (Credit Card only)**

MAIL ICAS, 3621 Pasqua Street REGINA, SK S4S 6W8

The undersigned has read, understood and agrees to be bound by the terms and conditions of the PD passport outlined.

Signature: _____ Date: _____