



ASSOCIATION  
OF ACCREDITING  
AGENCIES OF CANADA  
  
L'ASSOCIATION DES  
AGENCES D'AGRÉMENT  
DU CANADA

The voice of professional accreditation in Canada

## AAAC Conference & Annual General Meeting Full Membership Registration Form

Please complete and return the entire form to [cmuenker@aaac.ca](mailto:cmuenker@aaac.ca) by the end of **Thursday, April 4, 2024**.

Each Member organization is entitled to one complimentary registration. If you would like to bring anyone from your organization's team, additional AGM Attendees from your organization can register at \$175.00 plus 13% HST per person. The Registration Fee is non-refundable.

Please provide your information to complete your complimentary registration:

Your Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City / Province: \_\_\_\_\_

Cellular: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Sponsorship:** Please check Yes or No if you are interested in being contacted to discuss our multi-level AAAC Sponsorship Packages.

Yes                      No

**Group Dinner:** Please check Yes or No if you are interested in joining us for the Group Dinner on Tuesday, April 9, 2024.

Yes                      No

**Food Allergies:** Please check Yes or No if you have dietary requirements or food allergies.

Yes                      No

**Hotel Accommodations:** Please check Yes or No if you are staying at the Alt Hotel Ottawa.

Yes                      No                      Other Hotel: \_\_\_\_\_



## AAAC Conference & Annual General Meeting Full Membership Registration Form

Each additional AGM Attendee from your organization can register at \$175.00 plus 13% HST per person. The Registration Fee is non-refundable.

Please complete one registration for each additional AGM Attendee from your organization:

#\_\_\_ Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Cellular: \_\_\_\_\_ Email: \_\_\_\_\_

**Group Dinner:** Please check Yes or No if you are interested in joining us for the Group Dinner on Tuesday, April 9, 2024.

Yes                      No

**Food Allergies:** Please check Yes or No if you have dietary requirements or food allergies.

Yes                      No

**Hotel Accommodations:** Please check Yes or No if you are staying at the Alt Hotel Ottawa.

Yes                      No                      Other Hotel: \_\_\_\_\_

#\_\_\_ Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Cellular: \_\_\_\_\_ Email: \_\_\_\_\_

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## Payment of Full Membership Event Registration Fee 2024

Each Member organization is entitled to one complimentary registration. If you would like to bring anyone from your organization's team, additional AGM Attendees from your organization can register at \$175.00 plus 13% HST per person. The Registration Fee is non-refundable.

The Event Registration Fee paid by credit card is subject to a 3% convenience fee plus 13% HST.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## AAAC Conference & Annual General Meeting Full Membership Event Registration Fee 2024

Event Registration Fee \$175.00 x \_\_\_\_\_ Attendees: \$ \_\_\_\_\_

13% HST: \$ \_\_\_\_\_

Total of Event Registration Fee\*: \$ \_\_\_\_\_

## Please select your method of Payment

GST/HST Registration #: 870035011

Ensure you reference your **organization's acronyms** and **Full Membership Event Registration Fee 2024**:

**Payment by Visa or MasterCard:** Please complete the form with your credit card information and email [cmuenker@aaac.ca](mailto:cmuenker@aaac.ca), or call the office at 416-596-0671 Extension 221.

\* The Event Registration Fee paid by credit card is subject to a 3% convenience fee plus 13% HST.

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_

**Payment by E-Transfer:** Please complete the registration form and email [cmuenker@aaac.ca](mailto:cmuenker@aaac.ca)

**Payment by Electronic Funds Transfer (EFT) and Wire Transfers:**

Institution #: 002

Transit #: 30296

Account #: 0091413

**Bank of Nova Scotia**

215 Raglan Street South

Renfrew, ON K7V 4A4

SWIFT Code: NOSCCATT

**Payment by Cheque/Money Order:** Please make a cheque/money order payable to the **Association of Accrediting Agencies of Canada**.

Mail a cheque/money order with this registration form to the *Association of Accrediting Agencies of Canada, 123-20 Carlton Street, Toronto, ON M5B 2H5.*

Registration and payment must be received by the end of **Thursday, April 4, 2024**.

*Thank you for your support. We rely upon your participation and ideas to ensure excellence in the standards and processes of accreditation.*