CMVA Canadian Machinery Vibration Association

ACVM L'Association Canadienne en Vibrations de Machines

Please print this application and fax or mail your form ***with fee or PO,*** to:
*Fax machine is totally secure.*

CMVA/ACVM Executive Director
105 -150 Crowfoot Cres. NW, Ste. 877
Calgary, AB, T3G 3T2
Phone 403-208-9618. Fax # **403-208-9619**

☐ *Cheque* ☐ VISA ☐ MasterCard ☐ *PO*

#

Expiry: MM YA

**Canadian Machinery Vibration Association**

Authorization Number
MM DJ YA
Transaction Date

Name(please print):

Cardholder's Signature

Description _____

Total $CDN

Receipts are emailed or faxed with the credit card number partly obscured.

## Registration - National Seminar

Oct. 29-31, 2008. Niagara Falls, ON
Registrations must include payment or purchase order. All are payable ***before*** the seminar.
Date:_____

| Amount | Category | By Aug 15, 2008 | After Aug 15, 2008 |
|---|---|---|---|
| | Standard | $391 | $455 |
| | Exhibitor | $351 | $409 |
| | Presenter | $348 | $408 |
| | Booth Attendant - (does ***not*** include presentations) | $249 | $276 |
| | Student | $230 | $255 |
| N/C | TOURS - see below. Numbers are limited. | | |
| | Individual Membership | $120 (not req.) | |
| | TOTAL (there is no tax) | | |

**TOURS -** Pre-registration required
☐ Seaway/Welland Canal Tour Wed AM
☐ Adam Beck Power Stn Tour Thursday PM

***Your AGM registration is transferable.***

If different, fax receipt to #

Please supply current Membership Number **OR** business card **OR** fill in this form:

CMVA/ACVM Membership # _____ **OR** (please print, if not a member or member info is wrong )

Name _____ Title _____

Company Name and Branch _____

Address _____

City _____ Province _____ Postal Code _____

Phone (_____) _____ Ext _____ Fax (_____) _____

**Email** _____ ***EVERYONE needs a registration and name tag.***

Note: Registrations are always acknowledged, so if you don't receive a reply, please call the office at 403-208-9618 or email Val@cmva.com.