

# Canadian Celiac Association National Conference 2011

Delta Grand Okanagan Resort, Kelowna, B.C.

Friday, May 25, 2012 to Sunday, May 27, 2012

**Keynote Speaker: Dr. Sheila Crowe**



**STOP!** Save a stamp and register online instead: <http://kelownaceliac.org/kelowna-2012/>

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Chapter Affiliation: \_\_\_\_\_

Please notify us of any non-gluten food sensitivities: \_\_\_\_\_

Early Bird Rate for current CCA members!  
If you register by **March 1<sup>st</sup>, 2012**, you can take advantage of the special prices below.

*One registrant per form please. Spouses of members may use member rate.*

Full program information at <a href="http://kelownaceliac.org">http://kelownaceliac.org</a>	Early Bird Member	After March 1 <sup>st</sup> Member	Non-Member	Total
<b>The Art of Gluten-Free</b> – optional Friday 8:30 am - 1 pm seminar. Includes lunch and nutrition breaks. <i>Limit 50.</i>	\$75.00	\$75.00	\$75.00	
<b>Cooking with Antonio</b> – optional Friday 10 am - 2 pm gluten-free seminar at Choices. Includes transportation & gift bag. <i>Limit 40.</i>	\$50.00	\$50.00	\$50.00	
<b>Full conference</b> – 7 pm Friday to noon Sunday. Includes all meals, speakers and exhibits. Excludes Art of GF, Antonio, & banquet.*	\$225.00	\$250.00	\$275.00	
<b>Saturday only</b> – includes breakfast, lunch, breaks & exhibits. Excludes banquet.	\$175.00	\$200.00	\$225.00	
<b>Banquet</b> – Saturday 6:00 pm includes buffet dinner, wine and entertainment.	\$75.00	\$85.00	\$85.00	
			<b>Total \$</b>	

*\*Registration limited to 500. We do expect to sell out so register early to avoid disappointment.  
Cancellation: Due to hotel commitments, only 50% of fee will be refunded. No refunds after April 25<sup>th</sup>.*

**Pay by cheque?** Complete this form, make cheque payable to “Canadian Celiac Association”, and mail to:

Canadian Celiac Association - P.O. Box 21031 Orchard Park - Kelowna, BC V1Y 9N8

**Pay by Credit Card?** Complete boxes below and mail completed form to the CCA Office above for processing.

Name on Credit Card: _____	Credit Card Number: _____
<input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AMEX	CSV number of rear of card: _____
	Expiry Date: _____