

Canadian Celiac Association National Conference 2012

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 15th, 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 http://kelownaceliac.org	Early Bird Member	After March 15 th Member	Non-Member	Total
The Art of Gluten-Free – optional Friday 8:30 am - 1 pm seminar. Includes lunch and nutrition breaks. <i>Limit 50.</i>	\$75.00	\$75.00	\$75.00	
Cooking with Antonio – 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	
Full conference – 7 pm Friday to noon Sunday. Includes all meals, speakers and exhibits. Excludes Art of GF, Antonio, & banquet.*	\$225.00	\$250.00	\$275.00	
Saturday only – includes breakfast, lunch, breaks & exhibits. Excludes banquet.	\$175.00	\$200.00	\$225.00	
Banquet – Saturday 6:00 pm includes buffet dinner, wine and entertainment.	\$75.00	\$85.00	\$85.00	
			Total \$	

**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 25th.*

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 Kelowna 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: _____

Questions? Email moyrabaxter@shaw.ca or phone 250-767-6153 (Pacific Time)