

Please fax your completed registration form, with payment details to: (415) 947-6011

REGISTRATION INFORMATION

Attendee: _____
 Job Title: _____
 Dep't/Organization: _____
 Branch: _____
 Address (include Address Locator): _____

 City: _____ Province / State: _____
 Postal Code: _____ Country: _____
 Email: _____
 Telephone: _____ Fax: _____
 cc Name: _____
 cc Telephone: _____
 cc Email: _____

ATTENDEE PROFILE

Type of Organization

- Federal Government
- Defence (Civilian and Military)
- Crown Corporation
- Provincial Government
- Municipal, Regional Government
- Foreign Government
- Institution: Medical, Education, Research
- Independent Consultant
- Other Private Industry
- Association
- Other: _____

Job Function

- Senior Management: All, except IT/IM
- Senior Management: IT/IM
- Mid-Level Management: All, except IT/IM
- Mid-Level Management: IT/IM
- Information Manager (Database Manager, etc.)
- Technical: IT/IM (Systems Analyst, Programmer, etc.)
- Engineering: Research and Development
- Trainer / Educator
- Consultant / Analyst
- Administrative / Support (Project Officer, Assistant)
- Sales / Marketing / Communications
- Other: _____

Public Sector Private Sector

If Public Sector, please enter your Classification Code: _____

What solutions are you interested in? (please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Associations | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Public Safety & Security |
| <input type="checkbox"/> CRM | <input type="checkbox"/> Publications |
| <input type="checkbox"/> E-Business Solutions | <input type="checkbox"/> Services / Outsourcing |
| <input type="checkbox"/> Enterprise Systems | <input type="checkbox"/> Software Applications |
| <input type="checkbox"/> Government On-Line (GOL) | <input type="checkbox"/> Software Applications Development |
| <input type="checkbox"/> Internet / Intranet | <input type="checkbox"/> Storage |
| <input type="checkbox"/> IT Security | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Made-in-Government Solutions | <input type="checkbox"/> Voice over IP |
| <input type="checkbox"/> Network Communications | <input type="checkbox"/> Wireless & Mobile Technologies |
| <input type="checkbox"/> Open Source | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Peripherals | |

REGISTRATION SELECTION

All prices are in Canadian dollars and subject to 13% HST.

- (All include admission to exhibit hall, Open Seminars and Workshops)
- Early Bird Conference Registration (**before** May 31, 2010) _____ x **\$750**
 - Basic Conference Registration (**after** May 31, 2010) _____ x **\$850**
 - CIO Boot Camp Standard Registration _____ x **\$450**
 - Cloud Camp Standard Registration _____ x **\$0.00**

CIO Boot Camp /Conference Bundle

Package includes conference (Oct 5 - 7) registration & admission to the CIO Boot Camp (Oct 4) (space is limited)

- Early Bird Registration (**before** May 31) _____ x **\$1000**
- Basic Registration (**after** May 31) _____ x **\$1100**

Cloud Camp /Conference Bundle

Package includes conference (Oct 5 - 7) registration & admission to the Cloud Camp (Oct 4) (space is limited - some restrictions apply)

- Early Bird Registration (**before** May 31) _____ x **\$1000**
- Basic Registration (**after** May 31) _____ x **\$1100**

GTEC EXHIBITION (OCTOBER 5 - 6, 2010)

- Public Sector Exhibit Hall Pass Only _____ x **FREE**
- Private Sector Exhibit Hall Pass Only _____ x **\$50**

Subtotal \$ _____

Add 13% HST(applicable to all) (# 140539339 RT 0001) _____

HST Exempt - HST Exemption # _____

TOTAL \$ _____

PAYMENT AUTHORIZATION

- Please charge to my Credit Card:
- VISA MASTERCARD AMEX

Credit Card # _____

Expiry Date _____ CSC # _____

Cardholder Name (pls print) _____

Cardholder Signature _____

Cardholder Billing Address (if different from above) _____

I would like to receive special offers, discounts and information about events, products and services for GTEC/Techweb Events Network exhibitors or partner companies by email :

Yes No

TERMS AND CONDITIONS

CONFERENCE: If you must cancel your Conference registration for any reason, notify our registration department in writing by fax at 613-599-6652 or email svillon@gtec.ca. All cancellations received by July 31, 2010 will be subject to a \$150 cancellation fee. After July 31, 2010, all cancellations are liable for the full Conference fee with no refund. **Registrants may send a substitute attendee for this event if written notice is received prior to the Conference.** United Business Media reserves the right to rescind any registration and in the event will return 100% of the registration fee. All dates and times of the Conference program are subject to change. Persons under the age of 18 (including infants in strollers or backpack carriers) are not permitted in Conference Rooms, Keynotes, or on the Exhibition Floor. Valid Photo ID will be required to receive badge and/or badge holder.