

Remit your registration form and full payment via:

Fax: +1 603.427.9249, or mail/email: Event Registrar 75 Rochester Ave., Portsmouth, NH 03801 USA Contact us

Payment must be received with your registration to guarantee your space.

Registration Form

Please check one:	IAPP Member	Nonmembe	r		
Full Name:		Organiza	tion:		
Job Title:		Ad	ldress:		
City/State/Province:			Zip or post	al code/Co	ountry:
Email:	Te	lephone:	Fax:		
Is this your first time a	ttending an IAPP confe	erence? Yes	No		
Is this your first time a	ttending the IAPP Can	ada Privacy Symp	osium?	Yes	No
How did you hear abou	it the IAPP Canada Priv	vacy Symposium 2	2022?		
Which best describes y	our industry?				
Which best describes y	our level within your o	rganization?			
What is the total numb	er of employees in you	ır company (full-t	ime and part-ti	me)?	
I Agree to the IAPP http://iapp.org/confere	Conference Terms and ence/iapp-canada-priva				d the statement here:
Please indicate any special dietary need We will do our best to here, please contact us	accommodate the dieta		Dairy-Free isted above, bu	Gluten Fr	ee ave a special allergy not listed

NOTICE REGARDING ATTENDEE INFORMATION

Exhibitors and major sponsors are permitted to mail attendees one pre- and one post-conference mailing. Attendee names and mailing addresses are sent directly to a bonded mail house: Exhibitors and sponsors DO NOT have access to the data.

Please select one:

Yes, I opt-in to receive pre/post conference mailings No, I do not wish to receive pre/post conference mailings

The IAPP provides attendees and sponsors with an attendee roster, which includes full name and organization provided at registration. If you wish to be included on this attendee roster, please opt-in here. Please note the deadline to appear on the roster is May 17, 2022.

Yes, I opt-in to be included on the attendee roster No, I do not wish to be included on the attendee roster

SEE NEXT PAGE

MAIN CONFERENCE REGISTRATION May 26-27

	Early Bird Rate Until March 25	Regular Rate After March 25
IAPP Member:	\$1,145 CAD	\$1,295 CAD
Nonmember:	\$1,345 CAD	\$1,545 CAD
Public Sector:	\$875 CAD	\$975 CAD
Academic*	\$595 CAD	\$595 CAD
Guest Price**	\$270 CAD	\$270 CAD

^{*}Full-time university professor or student; please contact us to request this rate.

SPECIAL GROUP RATE

When five or more from your organization attend our main conference, each person will save \$150 CAD off the early bird or regular member and non-member rates. Please <u>contact us</u> to see if you qualify. **You must contact us prior to registering.** This discount is not retroactive and not valid for trainings, workshops, public sector or academic rates. If a minimum of five people have not registered before the conference, you will be responsible to pay the full balance without the discount.

WORKSHOP REGISTRATION	May 25	(Not part of the main conference,
One half-day workshop	\$445 CAD	you must register separately.)
Two half-day workshops	\$595 CAD	

Check the workshop(s) of your choice:

8 a.m. – 12 p.m. 1 – 5 p.m.

Canadian Privacy Bar Section Forum Deploying Privacy Technology from Strategy to Execution

PRIVACY TRAINING REGISTRATION* May 24-25

Check the training of your choice:	IAPP Member	Nonmember	
Canadian Privacy SOLD OUT	\$1,595 CAD	\$1,795 CAD	
Privacy Program Management	\$1,595 CAD	\$1,795 CAD	
		\$1 795 CAD	

^{*}Not part of the main conference. You must register separately. Price includes two-day training, textbook, practice test and participant guide.

IAPP MEMBERSHIP

The IAPP's extensive member benefits include discounted pricing on event registration.

Individual membership/renewal \$275 USD
Government and higher education employees \$100 USD
Student (must be enrolled full-time) \$50 USD
Corporate memberships are available.

Learn More

To become a member or renew (and receive discounted pricing on your event registration), please <u>contact us</u> before registering.

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^{**}Coworkers/industry associates not eligible: pass gives access to the reception, meals and Exhibit Hall only.

REGISTRATION

A valid IAPP account is required to register for this event. If you do not have an account, click here to create one.

Credit card: Charge \$	CAD to t	the followina:
Credit card: Charge \$ Visa Mastercard Ame	erican Express	
Card number:		
CVV security code:		
Expiration date:		
Cardholder's name:		
Cardholder's signature:		
Wire Transfer		
Please include your invoice nur The Toronto-Dominion Bank	mber and send wires	to:
Toronto, Ontario Canada, M5K	1A2	
Swift code for foreign currency	: TDOMCATTTOR	
Beneficiary Bank ID: NRTHUS3		
In Favor of: Beneficiary Accour	nt number: 92461044	444
Check		
Enclosed is check #	in the amt. of $\$$	CAD
Please make checks payable to	the IAPP	
Please write attendee's name of	or invoice number on	check
PAYMENT REMITTANCE CONTAC	T INFORMATION	
Please provide the name and email related questions.	address of the individ	dual responsible for reconciling accounting and/or invoice
Name:		

IMPORTANT REMINDERS

Method of Payment

Make payment by wire transfer, Mastercard, Visa or American Express. Credit card information must be provided to secure your registration. To pay by wire transfer, please <u>contact us</u>.

Refunds and Cancellations

Executed registration form, online registration and e-mail confirmation constitute binding agreement between two parties. Registration fees are not refundable but are transferable to a person in the same company, pending IAPP approval. No refunds are given for no-shows or cancellations. Program subject to change.