



**Canadian Institute of Public Health Inspectors
L'Institut canadien des inspecteurs en santé publique**

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**Post-Conference Workshop
Risk Communication
June 30, 2011
Halifax Marriott Harbourfront, NS
*Registration Form***

Name: _____

Address: _____

Phone: _____ E-mail address: _____

Registration Cost (lunch and nutrition break included): 50.00\$

Choose a Method of Payment:

- Cheque/ Money Order Enclosed (Payable to CIPHI)
- VISA
- MasterCard

Card #: _____

Expiry Date: _____

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Signature: _____

Submit the registration form to the address above.

Cancellation Policy:

Written requests for cancellation must be received on or before May 31, 2011. Cancellation requests can be e-mailed to office@ciphi.ca or faxed to 1-604-738-4080. **No refunds will be given following this date.**

Substitutions – alternates are permitted up to and including the first day of the conference.