

EVENT REGISTRATION FORM

WeirFoulds^{LLP}

Name of Event* _____

Date(s) of Event* _____

First Name* _____ MI _____ Last Name* _____

Firm Name* _____

Job Title* _____

Office Address* _____

City* _____ Province* _____ Postal Code* _____

Phone _____ Fax _____ Email* _____

Comments _____

*Indicates a required field

Please fax or mail to the following:

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