

# CPTN Conference 2004 Registration Form (FEEL FREE TO MAKE COPIES FOR COLLEAGUES)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Day #: ( ) \_\_\_\_\_ Evening #: ( ) \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

## Conference 2004 Rates

	Early Bird Postmarked Before April 1st, 2004	Reg. Postmarked on or before May 21 <sup>st</sup> , 2004	At the Door or after May 22nd
<b>INDIVIDUAL</b>			
CPTN Member .....	\$199	\$225	\$250
Non-member .....	\$239	\$265	\$290
<b>GROUP RATE/PERSON</b>			
<b>GROUP RATE (5-9)</b>			
CPTN Member .....	\$189	\$215	\$240
Non-member .....	\$229	\$255	\$280
<b>GROUP RATE (10+)</b>			
CPTN Member .....	\$179	\$205	\$230
Non-member .....	\$219	\$245	\$270
<b>FULL TIME STUDENT</b>			
(please attach copy of student card .....	\$150	\$160	\$170
-additional 10% off for groups of 10 or more)			
<b>DAY RATE</b>			
CPTN member .....	\$125	\$150	\$175
Non-member .....	\$145	\$170	\$195

**Non-Members:** You can access the special CPTN conference rate by becoming a member for \$59.00+GST per year. Benefits include: discounts on workshops & products, networking opportunities, discounts on conferences, Fitness Trainer Magazine (3), monthly CPTN e-News and monthly client handouts, and The CPTN Report newsletter (3).

### I am interested in signing up for the CPTN Conference 2004:

CATEGORY (please check)	AMOUNT
Individual	\$
Day Rate Sat. or Sun	\$
Group rate (5-9) (please mail forms together)	\$
Group rate (10+)(please mail forms together)	\$
Annual membership	\$
<b>Pre-Conference</b>	
Resistance Training (\$230 CPTN Member, \$260 non-member)	\$
CPTN Leadership Camp for Course Conductors (\$450)	\$
CPTN Leadership Camp for Practical Assessors (\$230)	\$
<b>Sub-Total</b>	\$
Add 7% GST	\$
<b>TOTAL AMOUNT ENCLOSED</b>	\$

Please make cheque or money order payable to:  
Certified Professional Trainers Network (CPTN) Inc.

VISA Number \_\_\_\_\_ Expiry date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Return registration forms and fees to:  
Certified Professional Trainers Network (CPTN) Inc.  
122 D'arcy Street, Toronto, Ontario M5T 1K3  
Tel: 416-979-1654 Fax: 416-979-1466

## Conference Agenda

- Select your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice for each timeframe.
- Please make a copy of the registration form for your files.
- Cancellation of sessions or changes to the schedule may result due to unforeseen circumstances. The conference site is Ryerson University Athletic Centre (RAC), 40 Gould St., Toronto.

SATURDAY, MAY 29 <sup>TH</sup> , 2004	SUNDAY, MAY 30 <sup>TH</sup> , 2004
<b>8:30 am - 9:30 am</b> <input type="checkbox"/> Cardiovascular Training Recipes (lecture) <input type="checkbox"/> Partner Yoga (workshop) <input type="checkbox"/> Spinning: Life is a Marathon (workshop)	<b>8:30 am - 10:00 am</b> <input type="checkbox"/> Working with Minimal Resistance (lecture) <input type="checkbox"/> ExCEL: Extreme Conditioning (workshop) <input type="checkbox"/> In the Zone - Sports Specific Bound (workshop)
<b>10:00 am - 11:30 am</b> <input type="checkbox"/> Keynote: Resistance Training Controversy	<b>10:30 am - 12:00 pm</b> <input type="checkbox"/> Is Your Business On Track (lecture) <input type="checkbox"/> Core Integration (workshop) <input type="checkbox"/> Body Bar Interval Training (workshop)
<b>12:00 noon - 1:30 pm</b> <input type="checkbox"/> Better Movement Better Sport Performance (lecture) <input type="checkbox"/> Urban Rebounding Basics (workshop) <input type="checkbox"/> Flow & the Spinning Program (workshop)	<b>12:30 pm - 2:00 pm</b> <input type="checkbox"/> On-line Health & Fitness (lecture) <input type="checkbox"/> Rotational Strength & Power (workshop) <input type="checkbox"/> Increase Your PT Bottomline (workshop)
<b>1:45 pm - 3:15 pm</b> <input type="checkbox"/> Living Your Dream (lecture) <input type="checkbox"/> Body Bar Strength & Conditioning (workshop) <input type="checkbox"/> Running & the Spinning Program (workshop)	<b>2:15 pm - 3:30 pm</b> <input type="checkbox"/> Periodization of Strength (lecture) <input type="checkbox"/> Postural & Flexibility Assessment (workshop)
<b>3:30 pm - 5:00 pm</b> <input type="checkbox"/> We All Fall Down (lecture) <input type="checkbox"/> Home & Gym Training Excerpts (workshop) <input type="checkbox"/> Take Your Fitness to Court (workshop)	<b>3:45 pm - 4:45 pm</b> <input type="checkbox"/> Myofascial Stretching (workshop) <input type="checkbox"/> NIA (workshop)
<b>5:15 pm - 6:15 pm</b> <input type="checkbox"/> Speakers Q & A (open forum) <input type="checkbox"/> Sunset Stretch (workshop) <input type="checkbox"/> One Movement: Jumps (workshop)	

## General Information

**Accommodations**  
Ryerson International Conference Centre 416-979-5296.

**Cancellation and refund Policy**  
Cancellations must be received in writing on or before April 25th, 2004 and will be subject to an administration fee (\$50.00). No refunds will be made on cancellations postmarked after April 25th, 2004. You may transfer your conference registration to someone else for a processing fee of \$50.00. No refunds will be made after the start of the conference.

**NSF Cheques**  
NSF Cheques will be subject to a \$50.00 administration fee.

**Registration**  
Registration is completed on a first-come, first serve basis. In order to receive the sessions you desire, please register early. On-site registrations will be available should space permit.

**Confirmation**  
A confirmation letter will be sent back to you for all registrations received by April 25th. Thereafter, confirmations can be picked up with your conference package at the registration desk at Ryerson University on the day of the conference.

**Conference Location**  
Ryerson University Athletic Centre, 40 Gould St., Toronto, Ontario

**Waiver of Liability**  
I agree to forever release, discharge, fully indemnify, CPTN, the facilities, and all promoters, sponsors and their respective representatives and successors and assigns from any and all claims, demands and expenses whatsoever on account of damage to or loss of property, physical or mental injury or death.

I verify that I have been involved in a physical training program, and that I am physically fit and do not suffer from any disability, physical ailment or taking any medication that would cause me harm or limit my participation.

**Permission for Recording**  
I understand that CPTN will be recording the conference through film photography, video recording and/or audio recording.

I hereby affirm that I have carefully read, fully understand and agree to the above; and that I am of legal age to execute this form as a legal document.

Print Name in Full: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_