

REGISTRATION FORM

JUNE 4TH - 6TH, 2015

PLEASE FILL IN THE FORM COMPLETELY AND PRINT CLEARLY. USE ONLY ONE FORM PER PERSON. This form may be copied for additional registrants. Please ensure form is fully completed. Keep a copy for your records.

2015 CPTN CONFERENCE - Dare To Be Excellent!

JAPANESE CANADIAN CULTURAL CENTRE - 6 Garamond Ct., Toronto, ON, M3C 1Z5

PLEASE FILL IN THE FORM COMPLETELY AND PRINT CLEARLY. USE ONLY ONE FORM PER PERSON. This form may be copied for additional registrants. Please ensure form is fully completed. Keep a copy for your records.

Date: _____

CONTACT INFORMATION

Name: _____

Street Address: _____

City: _____ Province/State: _____

Postal/Zip code: _____ Country: _____

Email: _____

Phone: _____ Fax: _____

How did you hear about the CPTN conference?

- CPTN Website CPTN Email Conference Brochure
 CPTN Newsletter Fitness Magazine Friend
 Club _____ Other _____

HOW TO REGISTER:

Mail: CPTN Phone: 416-979-1654 Email: education@cptn.com
 122 D'arcy Street Please have ready Complete registration
 Toronto, ON credit card number form, scan and email.
 M5T 1K3 Canada and expiration date

METHOD OF PAYMENT

Visa MC Amex Money Order - Make payable to CPTN

Card Number: _____

Expiry Date (mm/yy): _____

Authorized Signature: _____

Name on Card: _____

CANCELLATIONS AND NSF CHEQUES

Cancellation requests must be received in writing and postmarked prior to May 21, 2015. A processing fee of \$50.00 will be charged for all refunds. No refunds will be given after May 29, 2015. NSF cheques will incur a \$50.00 charge.

CECS REQUIRED (CHECK ALL THAT APPLY):

CPTN NSCA OFC CSEF
 Registration incomplete without signed waiver on reverse side

DIETARY RESTRICTIONS FOR SATURDAY LUNCH ONLY: (Please Circle)

Vegan Vegetarian Nut-Free Soy-free Lactose Intolerant
 Paleo Gluten-free Soy-free Low Glycemic
 If you have no restrictions, leave blank

REGISTRATION FEES:

PLEASE CIRCLE APPROPRIATE FEE
 (ALL FEES ARE IN CANADIAN DOLLARS)

CPTN MEMBERSHIP \$50
 Take Advantage Of Our Member Rates

| PRE-con - Extended Sessions Thursday, June 4, 2015 (light lunch included) | Before April 27 MEMBER | | After April 27 MEMBER | | Before April 27 NON-MEMBER | | After April 27 NON-MEMBER | |
|--|------------------------|---------|-----------------------|---------|----------------------------|---------|---------------------------|---------|
| | Indv | Student | Indv | Student | Indv | Student | Indv | Student |
| Painful Backs Through the Lifecycle | \$250 | \$125 | \$300 | \$165 | \$285 | \$175 | \$260 | \$215 |
| CPTN Yoga Level 3 | \$189 | \$89 | \$229 | \$129 | \$239 | \$139 | \$195 | \$199 |
| Mindset Performance Level 1 (2-Day Workshop) | \$197 | \$99 | \$239 | \$139 | \$249 | \$149 | \$205 | \$209 |
| NPEs Fast Forward Plus | \$189 | \$89 | \$229 | \$129 | \$239 | \$139 | \$195 | \$199 |
| PRE-con - Extended Sessions Friday, June 5, 2015 (light lunch included) | | | | | | | | |
| | Indv | Student | Indv | Student | Indv | Student | Indv | Student |
| Business Essentials for Personal Trainers | \$189 | \$89 | \$229 | \$129 | \$249 | \$149 | \$205 | \$209 |
| Complex Core: Stabilization Activity | \$189 | \$89 | \$229 | \$129 | \$249 | \$149 | \$205 | \$209 |
| Fascial Posture Training System | \$189 | \$89 | \$229 | \$129 | \$249 | \$149 | \$205 | \$209 |
| Practical Functional Testing | \$189 | \$89 | \$229 | \$129 | \$249 | \$149 | \$205 | \$209 |
| MMA Conditioning Coach - Level 1 | \$179 | \$79 | \$219 | \$119 | \$239 | \$139 | \$195 | \$199 |
| Periodization of Flexibility Training | \$189 | \$89 | \$229 | \$129 | \$249 | \$149 | \$205 | \$209 |
| CPTN-PB Triathlon Workshop | \$189 | \$89 | \$229 | \$129 | \$249 | \$149 | \$205 | \$209 |
| Saturday, June 6, 2015 | | | | | | | | |
| Saturday Sessions Only | Indv | Student | Indv | Student | Indv | Student | Indv | Student |
| | \$199 | \$99 | \$239 | \$139 | \$249 | \$149 | \$205 | \$209 |

*Student Rate: applies to high school and university students enrolled in full time studies in 2015. Copy of student ID required with registration.
 Group Rate = 3+. All forms must be submitted at the same time.

CPTN Certification Renewal

Renewal will apply conference CECS.
 Proof of valid CPR and First Aid may be required.

1 Year* \$75**
2 Years* \$140**

CERTIFICATION RENEWAL

* One year CPTN certification renewal requires 7 CPTN CECS.
 Two Year CPTN Certification Renewal requires 14 CPTN CECS.

** Fees listed for certification renewal are applicable only with a 2015 CPTN Conference registration.

Thursday and Friday Lunch - provided by The Goods

| OPTION 1 Shades of Green | OPTION 2 Chuck Norris | OPTION 3 Kings Noodle |
|--|--------------------------|--------------------------|
| Visit 2015 Conference at www.cptn.com for descriptions of lunches. | | |

AMOUNT DUE

SUBTOTAL (add all circled amounts)

+HST (13%)

TOTAL DUE

SESSION SELECTION FOR SATURDAY

Complete your session selection in order of preference (1st, 2nd, 3rd) for each time slot by filling in the last digit of the session code. Session codes precede the session names. Registration is completed on a first come, first served basis.

SATURDAY, JUNE 6th, 2015

| TIME | 1st Choice | 2nd Choice | 3rd Choice | Office Use |
|----------------|-----------------|------------|------------|------------|
| 8:30 to 9:30 | SA1 | SA1 | SA1 | |
| 9:45 to 11:00 | SA2 | SA2 | SA2 | |
| 11:15 to 12:30 | SA3 | SA3 | SA3 | |
| 12:30 to 2:30 | LUNCH & KEYNOTE | | | YES NO |
| 2:30 to 3:45 | SA4 | SA4 | SA4 | |
| 4:00 to 5:30 | SA5 | SA5 | SA5 | |

An email confirmation will be sent for all registrations received by May 30th, 2015. Thereafter, confirmations can be picked up at the registration desk at the JCCC with your conference package.

2015 CPTN CONFERENCE WAIVER OF LIABILITY AND CONSENT **THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

Please consult your physician prior to starting an exercise or fitness program, and prior to participating in this event.

This is a release of claims and by signing it I agree to the following:

1. I represent to the Certified Professional Trainers Network, hereinafter referred to as "CPTN" that I am in excellent physical health. I further represent that I do not suffer from any physical ailment or any cognitive impairment; and that I am not taking any medication or drugs which might cause me harm or limit my participation.
2. I understand and agree to abide by the conditions of the cancellation policy, session request and stand-by procedures and that pre-paid registration does not guarantee session requests.
3. CPTN may videotape, audiotape or photograph me and retain the rights to use these items and may employ any or all of these for all commercial and non-commercial purposes without payment of any kind to me and without further notice to me or permission from me.
4. I consent that the information collected herein may be used to send me updates on CPTN offerings as well as marketing initiatives from select companies associated with CPTN.
5. I am aware that there are risks associated with participating in fitness activities and exercise. My participation is completely voluntary and I freely accept and fully assume all responsibility for all risks, and all possibilities of personal injury death property damage or loss to myself or any other person as a result of my participation in fitness activities. I agree as do my heirs, next of kin, executors, administrators and assigns:
 - a. To waive all claims, known or unknown, that I have or may have in the future against CPTN including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners, lessees or exhibitors;
 - b. That CPTN is not liable or responsible for any damage to, loss or theft of my property;
 - c. To release and forever discharge CPTN from all liability for any personal injury, death, property damage or loss resulting from my participation in fitness activities due to any cause; including, but not limited to negligence, (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgment of CPTN;
 - d. To be liable for and to hold harmless and indemnify CPTN from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis, and all liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in fitness activities.
6. I agree that in the unlikely event of cancellation due to extreme conditions beyond the control of CPTN including, but not limited to Acts of God, Acts of Terrorism, medical advisory, or other conditions, my registration fee shall be non-refundable.
7. I consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during the Conference.
8. I consent that the present waiver and consent has been drafted in English at my request.
Je consents à ce que la présente renonciation à réclamer et consentement soit rédigée en anglais à ma demande.

I have read, I understand and I hereby give my free and enlightened consent and agree to all of the foregoing.

Signature: _____

Print Name: _____

Date: _____