

# REGISTRATION FORM

**JUNE 2nd -3rd, 2017**

**2017 CPTN CONFERENCE**

**EXCEL THEN DOMINATE!**

**Japanese Canadian Cultural Centre - 6 Garamond Ct., Toronto, Ontario, 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: \_\_\_\_\_  
 CPTN ID #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT THE CPTN CONFERENCE?

CPTN Website  CPTN Email  Conference Brochure  
 CPTN Newsletter  Friend  Social Media - Facebook  
 Club \_\_\_\_\_  Other \_\_\_\_\_

## HOW TO REGISTER

**MAIL:** CPTN  
 122 D'Arcy St.  
 Toronto, ON  
 M5T 1K3  
 Canada  
**PHONE:** 416-979-1654  
 Please have credit  
 card number and  
 expiration date  
 ready.  
**EMAIL:** education@cptn.com  
 Please complete  
 registration form,  
 scan and email.

## METHOD OF PAYMENT

Visa  MC  Amex  Money Order - Payable to CPTN  
 Card #: \_\_\_\_\_  
 Expiry (mm/yy): \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_

## CANCELLATIONS AND NSF CHEQUES

Cancellation requests must be received in writing and postmarked prior to May 20, 2017. A processing fee of \$60.00 will be charged for all refunds. No refunds will be issued after May 26, 2017.

## CECs REQUIRED (check all that apply)

CPTN  NSCA  OFC  CSEP  IYCA

Registration incomplete without signed waiver on reverse side.

## REGISTRATION FEES

PLEASE CIRCLE APPROPRIATE FEE (all fees are in Canadian dollars)

CPTN Membership (TAKE ADVANTAGE OF OUR MEMBER RATES): **\$50.00**

PRE-con - Extended Sessions FRIDAY, JUNE 2, 2017 (fee includes light lunch)	On/Before April 30 MEMBER		After April 30 MEMBER		On/Before April 30 NON-MEMBER		After April 30 NON-MEMBER	
	INDIV.	STUDENT	INDIV.	STUDENT	INDIV.	STUDENT	INDIV.	STUDENT
The Neurology of Strength	\$259	\$149	\$299	\$189	\$269	\$199	\$359	\$259
1 Day Personal Trainer Mentorship	\$259	\$149	\$299	\$189	\$269	\$199	\$359	\$259
I Am Strong	\$199	\$99	\$249	\$139	\$219	\$149	\$309	\$209
Anatomy of Movement	\$199	\$99	\$249	\$139	\$219	\$149	\$309	\$209
FKCI Bootcamp Canada Instructor	\$179	\$79	\$219	\$119	\$189	\$119	\$269	\$189
CPTN Yoga Level 3	\$199	\$99	\$249	\$139	\$219	\$149	\$309	\$209

SATURDAY, JUNE 3, 2017	On/Before April 30 MEMBER		After April 30 MEMBER		On/Before April 30 NON-MEMBER		After April 30 NON-MEMBER	
	INDIV.	STUDENT	INDIV.	STUDENT	INDIV.	STUDENT	INDIV.	STUDENT
Saturday Sessions Only - includes lunch	\$219	\$99	\$259	\$139	\$229	\$139	\$299	\$179
								\$269

\*Student Rates applies to high school and university students enrolled in full time studies in 2017. Copy of student ID required with registration.  
 Group Rate = 3+. All forms must be submitted at the same time.

<b>CPTN Certification Renewal</b> Renewal will apply conference CECs. Proof of valid CPR and First Aid may be required.	<b>1 Year*</b> \$75**	<b>2 Years*</b> \$135**
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\* One year certification renewal requires 7 CPTN CECs.  
 \*\* Fees listed are applicable only with a 2017 CPTN Conference registration.

## FRIDAY LUNCH provided by The Goods PLEASE CIRCLE CHOICE

**OPTION 1:** Green Gold  
**OPTION 2:** Chuck Norris  
**OPTION 3:** Rainbow Power

Visit 2017 Conference at [www.cptn.com](http://www.cptn.com) for descriptions of lunches.

## SATURDAY LUNCH ONLY:

Hot meal will be served and included in Saturday sessions fee.

## T-SHIRT SIZE

sm \_\_\_\_\_ med \_\_\_\_\_ large \_\_\_\_\_ x-large \_\_\_\_\_

## AMOUNT DUE

**SUB-TOTAL** (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 3, 2017**

TIME	1st choice	2nd choice	3rd choice	Office Use
8:30 - 9:30	SA1 _____	SA1 _____	SA1 _____	
9:45 - 11:15	SA2 _____	SA2 _____	SA2 _____	
11:30 - 12:45	SA3 _____	SA3 _____	SA3 _____	
12:45 - 2:00	LUNCH & KEYNOTE ADDRESS			
2:15 - 3:45	SA4 _____	SA4 _____	SA4 _____	
4:00 - 5:30	SA5 _____	SA5 _____	SA5 _____	

An email confirmation will be provided for registrations received by May 27th, 2017. Thereafter, confirmations can be picked up at the registration desk at the event site with your conference package.

For fast and easy registration, register online ([www.cptn.com](http://www.cptn.com)) or via phone 416-979-1654.

# 2017 CPTN Conference Waiver of Liability & 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 consens 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 INFORMED CONSENT  
AND AGREE TO ALL OF THE FOREGOING.**

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

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

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