

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.

CPTN Certification Renewal Renewal will apply conference CECs. Proof of valid CPR and First Aid may be required.	1 Year* \$75**	2 Years* \$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 OPTION 1: Green Gold OPTION 2: Chuck Norris OPTION 3: Rainbow Power	PLEASE CIRCLE CHOICE
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Visit 2017 Conference at 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 _____

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
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) 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: _____