Conference Registration



23rd Annual National Conference - 2025

Sheraton Vancouver Wall Centre - British Columbia Sunday, June 15th - Wednesday, June 18th

Please complete and send by mail or fax with payment to: **The Canadian Institute of Financial Planners "CIFPs"** c/o CIFPs, 390 Brant Street, Suite 501, Burlington, ON L7R 4J4 Tel: 1-866-933-0233 Fax: 647-723-6457

General information	or register via our website. www.cirrs.ca	Membership #:	
□ Mr. □ Mrs. □ Ms.			
First name	(as you wish it to appear on your name badge) Surn	ame	
Designations (check all that apply)	OCFP® □RRC® □CLU® □ChFC® □CFA □R.F.P. □	FCSI® Other:	
Certified Financial Planner® Registrant #:_	I have been in the financial plan	ning profession for	years.
If certified, would you like your Conference	ence name badge to identify you as a CFP® profe	essional? 🗆 Yes <i>or</i> 🗅 N	10
Company:	Street address:		
City: Province	ce: Postal code:		
Telephone bus./home:	E-mail:	Fax:	
Check this box if you do not wish to will be released.	share your contact information on this form with s		
Companion program: "Yes "No	□ Companion name:		
,	□ CIFPs Mailing □ Word of Mouth □ Website □ Investment Executive Advertisement □ Insura □ Other:	nce Journal Advertiseme	ent
	irements:		
Registration rates Register now for the best prices (contact	et CIFPs for group and corporate rates):	Register by June receive the low	
		Early Bird by June 5 th , 2024	Standard Rates
CIFPs Member price		□ \$699.00 CAD	□ \$1,049.00 CAD
Become a member and attend the conference		□ \$849.00 CAD	□ \$1,199.00 CAD
Become a member (not attending conference)		□ \$299.00 CAD	□ \$299.00 CAD
Attend the conference as a non-member		□ \$999.00 CAD	□ \$1,349.00 CAD
COMPANION TICKETS: Includes all meals, events and sessions. (all dates)		□ \$329.00 CAD	□ \$429.00 CAD
Payment information Registration will not be processed we We cannot invoice for payment. S% GST from BC is applicable to core when applicable, GST/HST/QST base be applied to the CIFPs membership	nference and companion registration. ed on your province of residence will		
Payment information VISA MASTERCARD AN	MEX 🗖 Cheque (payable to The Canadian Inst	itute of Financial Plannel	rs "CIFPs")
I hereby authorize CIFPs to charge m	ny credit card for the registration fees plus applica	ble taxes.	
Card number:	Expiration date:	CVV#:	
Cardholder's name:	Cardholder's signature:		

Cancellation policy

- Substitutions may be made at any time by faxing a written request to the attention of CIFPs 23rd Annual National Conference 2025 at 647-723-6457.
- Cancellation requests must be received in writing by March 1st, 2025. No refunds will be given for cancellations received after March 1st, 2025.