

**2010 Canadian Utility Telecom Conference**  
**Sheraton Cavalier Saskatoon Hotel – Saskatoon,**  
**Saskatchewan**  
**September 27 – 30, 2010**

<b>Meeting Attendee Information:</b>	
Name:	
Title:	
Company:	
Mailing Address:	
Telephone:	Fax:
Email:	Web Address:
<b>PRICING INFORMATION: *All UTCC Members &amp; UTC Core Members Only</b>	
<b>Early Registration Ends September 2, 2010</b>	
<b>Registration Fees:</b>	
<input type="checkbox"/> *Member Early: \$895.00 CDN	<input type="checkbox"/> Non-Member Early: \$1195.00 CDN
<input type="checkbox"/> *Member Regular: \$1095.00 CDN	<input type="checkbox"/> Non-Member Regular: \$1395.00 CDN
<b>Other:</b>	
<input type="checkbox"/> Guest Pass: \$150.00 CDN	<input type="checkbox"/> One Day Conference Pass: \$550.00 CDN
<b>Please Note: 5% GST will be added to prices above</b>	
<b>Accommodations:</b>	
Attendees are responsible for their own hotel reservations. Rooms are being held at the <b>Sheraton Cavalier Saskatoon Hotel</b> , 612 Spadina Crescent East, Saskatoon, SK S7K 3G9. The special UTC Canada room rate is \$179 (CDN) per night plus 2% DMF, 5% PST, and 5% GST for a single or double room until September 2, 2010. Please mention that you are with UTC Canada for this special rate when making reservations. <b>You can call 1.800.325.3535 for reservations.</b> For additional information or questions please contact meetings@utc.org or call 202.872.0030.	
<b>Payment Information:</b>	
Make all checks payable to UTC Canada and mail with registration form to: UTC Canada, P.O. Box 8913, Postal Station A, Toronto, ON M5W 2C5. If making a credit card payment, you may fax this registration form to 202.833.6812. <b>Written cancellation notices will be accepted through September 2, 2010.</b> After that date, all registrants will be liable for the full fee. <i>All refunds are subject to a 20% processing fee.</i>	
<input type="checkbox"/> Check Enclosed (Payable to UTC Canada)	
<input type="checkbox"/> Credit Card Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Card #	Expiration Date:                      Amount:
Billing Address:	
Card Holders Name:	
Signature:	
<b>Please complete a separate registration form for each individual attendee.</b>	