



Mr  Mrs.  Mrs.  Dr

\_\_\_\_\_  
First Name Initial(s) Last Name

\_\_\_\_\_  
Position/Department Organization / Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State/Province Postal/Zip Code Country

\_\_\_\_\_  
Telephone Email

\_\_\_\_\_  
Date Signature

**Registration Fee:** includes admission to the 2-day programme, refreshments, luncheons, and reception.  
**Check mark which of the following category and registration fee applies to you.**

Category	Rate (Cad\$ including applicable taxes)
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- |                                |                                   |
|--------------------------------|-----------------------------------|
| General attendee               | <input type="checkbox"/> \$395.00 |
| Academic/Government            | <input type="checkbox"/> \$295.00 |
| Speakers/Chairs                | <input type="checkbox"/> \$0.00   |
| Student ( <i>id required</i> ) | <input type="checkbox"/> \$75.00  |

<p><b>Method of Payment:</b> <input type="checkbox"/> <b>Check or money order</b> payable to <i>McGill University Institute of Air and Space Law</i></p> <p><input type="checkbox"/> MasterCard      <input type="checkbox"/> Visa      <input type="checkbox"/> American Express</p> <p>Card No: _____</p> <p>Expiry Date: _____ Name of card holder: _____</p> <p>Date: _____ Signature of card holder: _____</p>
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**By Email:**

Send to [mlc.iasl@mcgill.ca](mailto:mlc.iasl@mcgill.ca).

**DISCLAIMER:** We do not advise sending credit card information over e-mail for security purposes. Doing so is done at your own risk and for which you are solely responsible.

 **BY FAX:**  
Fax completed registration :

**Fax registration form with credit card payment information c/o Maria D'Amico**  
**Fax number: (514) 398-8197.**

 **BY MAIL TO:** \_\_\_\_\_ :

**Mail registration form with payment to: McGill University IASL, c/o Maria D'Amico, 3690 Peel Street, Montreal, QC, CANADA H3A 1W9**