

“Destructive Harvest”

A Symposium on Marijuana Grow Operations and Methamphetamine Labs in Residential Properties

When: Thursday May 19, 2011, 9 a.m. to 4 p.m. Event registration starts at 8:15 a.m.

Where: Coast Plaza Hotel and Conference Centre,
1316-33 Street NE, Calgary, Alberta

Cost: \$195.00 + GST (Cost includes lunch)

Registration Policies

1. Deadline for receiving registrations is **Monday May 16, 2011 at 5 p.m.**
2. Registration fee is due at the time of registration.
3. Confirmation of your registration will be sent to you via email within 1 business day of receipt of your registration.
4. Registration fees are 90% refundable up until May 16, 2011. Please note that 50% of the symposium fee is non-refundable for cancellations made on or after May 16, 2011. Refunds will be issued in the same manner of payment received.

Registration Options:

- Telephone: Toll Free (877) 827-5601 (for registration or questions)
- Fax your completed copy of Page 2 of this registration form to Toll-Free (877)827-5630 (Secure Fax)
- Email a scanned digital file of your completed copy of Page 2 of this registration form (Part A and Part B) to: Jackie@teritt.com
- Mail your completed copy of Page 2 of this registration form along with your Cheque or Money Order (payable to Teritt Inc.) to:

Teritt Inc.
47 O’Connell Drive
Porter’s Lake, Nova Scotia B3E 1N7

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Please Complete and Return This Form to Register

Part A:

Personal Information:

Organization: _____

Occupation: _____

First Name: _____ Last Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Work: _____ Home: _____ Cell: _____

Email: _____

As lunch will be provided, please advise us of any allergies or special dietary requirements

Part B: Payment Information

The fee for the Symposium is \$195.00 + GST (a total of \$204.75) - Please note that 50% of the symposium fee is non-refundable for cancellations made on or after May 16, 2011.

Credit card:

- Visa
 MasterCard

Card Number: _____ Expiry: _____

Name on card: _____

Signature: _____

By signing, I authorize this payment on my credit card.

**This charge will appear on your credit card statement as “Teritt Inc.”*

Please phone toll-free 877-827-5601 with any questions or concerns.

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