

Date Received: _____



ONTARIO PLUMBING INSPECTORS ASSOCIATION INC.

Plumbing Professionals Working for a Safer Ontario Since 1920

Come Join Us for the OPIA's 90th Annual Meeting & Educational Seminar

Burlington, June 2nd to June 4th, 2024

Holiday Inn Burlington Hotel and Conference Centre

3063 South service Rd. Burlington On, L7N 3E9

DELEGATE FULL SEMINAR	Before March 31, 2024	After March 31, 2024
Member	<input type="checkbox"/> \$1,035.00	<input type="checkbox"/> \$1,110.00
Non-Member	<input type="checkbox"/> \$1,140.00	<input type="checkbox"/> \$1,215.00
Retired Member	<input type="checkbox"/> \$895.00	N/A
Optional	<input type="checkbox"/> Add Saturday – \$185.00 (Note: Saturday dinner is not included)	
Includes 3 nights (Sunday, Monday, Tuesday) accommodations, all meals, functions, seminars and sponsors exhibits.		
Companion	<input type="checkbox"/> \$290.00	Includes accommodations, all meals, travel / tours and exhibits.
Please note any food allergies:		
Do you plan to attend the 19 th Annual Gary Greig Golf Classic Tournament? The Registration form for golf can be found at https://www.opia.info/		
Payment for Golf must be separate from AMES Registration		

DAILY SEMINAR ATTENDEE	(Please circle preferred day)	
Member	<input type="checkbox"/> \$160.00 Monday Tuesday	Includes coffee, lunch, seminar(s), and sponsor's exhibits. (See program schedule for details)
Non-Member	<input type="checkbox"/> \$200.00 Monday Tuesday	
Companion	<input type="checkbox"/> \$140.00	Includes lunch, day tour and exhibits.

NOTE: All rooms to be booked by the AMES Committee. Valid Credit card needed at check in.

Delegate's / Attendee's Name:	Companion's Name:
Address:	City & Province & Postal Code:
Municipality / Company:	E-mail (Required):
Telephone:	Total Amount:

Payment Type:	Cheque <input type="checkbox"/>	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Discover <input type="checkbox"/>
(Cheques Payable to: Ontario Plumbing Inspectors Association Inc. AMES)				
Registration fees include HST- GST/HST # 88074 5138 RT0001				
Name on Card:	_____		Card Number:	_____
Expiry Date:	____/____	CVD #	_____	Signature:
Send Registration to: amesregistration@opia.info <u>or</u> OPIA 2024 AMES Committee, C/O Ursula Wengler 22 Dalegrove Cres. Etobicoke M9B 6A7				