

# CONTINUING PROFESSIONAL DEVELOPMENT

## Group Registration Form



Continuing Professional Development (CPD), Law Society of Ontario

130 Queen Street West, Toronto, ON M5H 2N6

Phone: 416-947-3315 or 1-800-668-7380 ext. 3315

[www.lso.ca](http://www.lso.ca)

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**Please note:** Prior to completing this form, please save this PDF to your computer and open it in a PDF viewer (not within a web browser window).

Program Name: \_\_\_\_\_

Program Date: \_\_\_\_\_ Program Type: \_\_\_\_\_

Base program price: \_\_\_\_\_ Total number of registrants: \_\_\_\_\_ (2-4: 20% discount, 5-10: 35% discount, 11 +: 50% discount)

Subtotal: \_\_\_\_\_ HST 13% \_\_\_\_\_ Total \_\_\_\_\_

Group discounts are not applicable to programs or options priced less than \$150, hardcopy publications or E-Courses. Group pricing is available only to those registering at the same time and paying with a single form of payment (e.g., one credit card). Group pricing is not applicable to a registration requested by any person, organization, or other group for whom a purpose of the registration is the generation of revenue. Attendance at an in-person program is dependent on a minimum number of registrants and may not be confirmed until 5 weeks before the date of the program. Each registrant receives PDF materials and online access to the live webcast and on-demand archive (if available). Hardcopy materials are not available for live programs. Please see our website for program details.

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**Payment Information**      **Note:** You are not registered until payment is processed.

☐ Charge my Mastercard, Visa, AmEx

(Please do not provide any credit card information on this form. A member of the Customer Service team will call to obtain your credit card number and security code).

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### Facilitator Contact

Firm/Organization: \_\_\_\_\_

Email Address for Group organizer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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Please submit this group order request by email to [cpdreg@lso.ca](mailto:cpdreg@lso.ca) or by mail to CPD Registrations, 130 Queen Street W., 1st floor, Toronto, ON M5H 2N6.

Please see our website for terms and conditions. Discounts cannot be combined and may not apply to all items. For cancellations, transfers, or returns please contact CPD Registrations via e-mail at [cpdreg@lso.ca](mailto:cpdreg@lso.ca). Cancellation requests must be received via email at least five (5) business days before the program day to receive a full refund. Changes regarding the format of a program (live course or webcast) must be received at least two (2) business days before the program date to be processed. Program substitutions (between registrants) should be received at least two (2) business days before the program date to be processed. Bursary applications forms can be found on our website at: <https://store.lso.ca/faq-terms-and-discounts#bursary>

GST/HST #R121712863

## Group Registration Form (Continued)

### Attendee Information

**Note:** If the facilitator is also an attendee, please also include their information below. Please use the following page to enter additional attendees.

#1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#3 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#4 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#5 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#6 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#7 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#8 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#9 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#10 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#11 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#12 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please submit this group order request by email to [cpdreg@iso.ca](mailto:cpdreg@iso.ca) or by mail to CPD Registrations, 130 Queen Street W., 1st floor, Toronto, ON M5H 2N6.

Please see our website for terms and conditions. Discounts cannot be combined and may not apply to all items. For cancellations, transfers, or returns please contact CPD Registrations via e-mail at [cpdreg@iso.ca](mailto:cpdreg@iso.ca). Cancellation requests must be received via email at least five (5) business days before the program day to receive a full refund. Changes regarding the format of a program (live course or webcast) must be received at least two (2) business days before the program date to be processed. Program substitutions (between registrants) should be received at least two (2) business days before the program date to be processed. Bursary applications forms can be found on our website at: <https://store.iso.ca/faq-terms-and-discounts#bursary>

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#13 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#14 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#15 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#16 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#17 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#18 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#19 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#20 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#21 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#22 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#23 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#24 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LSO Licensee #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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