

# 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 Fax: 416-947-5235

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 will not apply to programs priced at \$50 or less, or to e-Courses.

Each registrant receives PDF materials and online access to the live webcast and 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 received.

Cheque payable to The Law Society of Ontario in the amount of \_\_\_\_\_ If paying by cheque, please contact cpdreg@lso.ca to confirm payment amount.

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: \_\_\_\_\_

Please submit this group order request by fax to 416-947-5235, by email to 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. 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 License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Please submit this group order request by fax to 416-947-5235, 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.*

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

LSO License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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