



AMETORONTO2008

CONFERENCE DETAILS:

DATE: **OCTOBER 20—OCTOBER 24, 2008**

LOCATION:

**SHERATON CENTRE
123 QUEEN ST. WEST
TORONTO, ONTARIO M5H 2M9**

REGISTRATION FEES:

Half-day Workshop: \$125.00 + 5% GST = \$131.25 USD
Full-day Workshop: \$200.00 + 5% GST = \$210.00 USD

- Qty: ____ 1-4 Non AME/CME members - \$2,499 each + 5% Goods & Service Tax + \$150.00 (1 year AME membership): \$2,773.95 USD
- Qty: ____ 1-4 AME/CME members - \$2,499 each + 5% Goods & Service Tax: \$2,623.95 USD
- Qty: ____ 5+ Non AME/CME members - \$2,374 each + 5% Goods & Service Tax + \$150.00 (1 year AME membership): \$2,642.70 USD
- Qty: ____ 5+ AME/CME members - \$2,374 each + 5% Goods & Service Tax: \$2,492.70 USD

Note: Full conference price is \$2,499.00 USD. CME members qualify for the membership rate. **Teams must register together to receive discount pricing. Fees include: Three (3) days conference (Tuesday through Thursday) and exhibit showcase admission.

CONTACT INFORMATION:

NAME: _____ AME/CME MEMBER ID#(IF KNOWN) _____
 TITLE: _____
 COMPANY: _____
 ADDRESS: _____ CITY: _____
 STATE/PROV: _____ ZIP/PO _____ COUNTRY: _____
 PHONE NUMBER: _____ FAX NUMBER: _____
 EMAIL ADDRESS: _____

TOUR/WORKSHOP SELECTIONS (visit www.ameconference.org for tour and workshop details and selection codes including ALEs and Special Interest Sessions. Please list these codes in your workshop choices, if applicable.)

Preferred tour: (indicate tour code) _____ 2nd choice tour: (indicate tour code) _____
 Workshop 1: (indicate code) _____ Workshop 2: (indicate code) _____ Workshop 3: (indicate code) _____

NOTE: On behalf of our host plants, AME may have to preclude some attendees from participating in plant tours due to the proprietary nature of some information presented. Attendees may be asked to sign a non-disclosure agreement (NDA) before participating in a tour. *AME will endeavor to secure your preferred tour choice above; 2nd choice tours will be used when the preferred tour is full. Registrants may select up to 3 workshops, subject to availability. Tours and workshops are held on a first-come, first-served basis.

PAYMENT INFORMATION:

Make check (U.S. Funds) payable to: Association for Manufacturing Excellence

____ Check Enclosed Account Number _____
 ____ AMEX
 ____ MasterCard Expiration Date of Card ____ / ____ Month/Year Security #: ____
 ____ VISA
 ____ Discover Signature Required _____
 ____ Bill Me

Send payment to : AME 3644 Paysphere Circle Chicago, IL 60674 PHONE: (224) 232-5980 Fax: (224) 232-5981

CANCELLATION POLICY:

Through September 1, 2008, prepaid registration fees will be refunded (less \$300 administrative charge). Substitutions may be made any time prior to the start of the event.