

American Academy of Neurology Optional Tour Registration Form

April 10-17, 2010 • Toronto, Ontario, Canada

Welcome to Toronto! We are pleased to offer American Academy of Neurology (AAN) delegates the following exclusive tours. To register for the AAN Optional Tours, please complete and mail this form with a Money Order (CAD funds) or fax the form with credit card information. To ensure confirmation of your registration, please include your email address & fax number. The AAN Tour Bureau will send confirmation to you within 5 business days.	How to Register: 1. By fax to the AAN Tour Bureau at 1-416-221-6372 (Visa, American Express & Master Card only) 2. By Mail to AAN Tour Bureau, c/o JPdL Toronto, 2 Berkeley Street, Suite 500, Toronto, ON, Canada, M5A 4J5 (Money Order in Canadian Funds only), Visa, American Express & MasterCard
First Name (s):	Last Name (s):
Organization / Affiliation / Company:	
Address:	City:
Prov / State: Country	Postal (ZIP) code:
<i>For telephone & fax numbers, please include country & area codes.</i>	Fax:
Telephone:	Email:

1. OPTIONAL TOURS Please indicate the number of tickets you wish to purchase for each tour

TOURS	TIMES	PRICE (CAD)	QTY	AMOUNT
Sunday April 11, 2010				
Tour 1: Discover Toronto City Tour & CN Tower	14:00 – 17:00	\$94.00		
Monday April 12, 2010				
Tour 2: Niagara... The Wonder Of It All	09:00 – 17:00	\$149.00		
Tuesday April 13, 2010				
Tour 3: Historical Architectural with visits to the Bata Shoe Museum & Casa Loma	12:00 – 17:00	\$105.00		
Wednesday April 14, 2010				
Tour 4: Two Unique Museums: The Royal Ontario Museum and the Gardiner Museum of Ceramic Art	13:00 – 17:00	\$119.99		
Thursday April 15, 2010				
Tour 5: Truly Canadian – The Hockey Hall of Fame and Steam Whistle Brewery (must be 19yrs - legal drinking age in Ontario)	13:00 – 17:00	\$92.00		
Prices are inclusive of all taxes		Grand total		

REGISTRATION DEADLINE The registration deadline is 17:00 EST, Thursday March 18, 2010. Tours are open to all Annual Meeting attendees, their families, and guests. Tours are sponsored by the AAN Alliance and operated by the JPdL Toronto Inc.	2. PAYMENT – Note: Only forms accompanied by payment and the 'Express Assumption of Risk & Medical Statement' form will be processed <input type="checkbox"/> Money Order (All CAD money orders made payable to JPdL Toronto.)
CANCELLATIONS: Tour Cancellations received in writing, at JPdL Toronto by 17:00 EST on Thursday, March 18, 2010 will be eligible for a refund less 20% administration fee. Cancellations will not receive after 17:00 on Thursday, March 18, 2010. There are no reimbursements for missed tours.	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Visa <input type="checkbox"/> AMEX Credit Card Number:
TOUR DEPARTURES: Tours depart from and return to the Metro Toronto Convention Centre, (MTCC) 255 Front Street West. Please arrive 15 minutes prior to departure. All tours registered on-site will be subject to a \$10.00 handling fee. A jacket and comfortable walking shoes are recommended for all tours.	Expiry: Card Holder Name
PICKING UP TICKETS: Tickets will be held at the AAN Conference Registration Desk at the MTCC and can be picked up during regular registration hours.	Signature:

Please note that all credit card payments will be processed in Canadian Dollars and will be applied to your account at the credit card company's exchange rate on the date of the transaction. Exchange rates fluctuate on a daily basis; all amounts charged will appear in Canadian on your next credit card account statement. JPdL is unable to accept payment by cheque. JPdL Toronto Inc's GST Registration number is 102722576.

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EXPRESS ASSUMPTION OF RISK & MEDICAL STATEMENT

Tour Number: _____ Tour Name: _____ Tour Date: _____
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Please be advised that if you are currently taking medication, have any physical ailments, or are not in good physical condition suitable for the above referenced tour(s), participation in such tour could be harmful to you. If you are unsure, consult your physician before participating in the above referenced tour(s). By signing this document in the space provided below, the undersigned agrees to and acknowledges the following:

1. I hereby acknowledge that I have voluntarily applied to participate in the above referenced tour(s) and other related activities from April 10-17, 2010 during the American Academy of Neurology's 62nd Annual Meeting in Toronto, Canada. In connection with the foregoing, I agree to and acknowledge the following:

I AM AWARE THAT WHEN PARTICIPATING IN THE ABOVE REFERENCED ACTIVITIES I MAY SUFFER INJURY. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED. ACCORDINGLY, I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY SIGNATURE BELOW.

2. By signing this agreement, I certify that I have no physical or mental defect that prevents me from safely participating in the above referenced activities. The terms hereof shall serve as a release and express assumption of risk for my heirs, executors, administrators and me and all members of my family, including any minors accompanying me.

3. I, individually, and on behalf of my assignees, heirs, guardians and legal representatives, hereby covenant and agree to fully, completely and irrevocably waive, release, indemnify and hold harmless American Academy of Neurology and JPdL Toronto Inc., and each of its respective affiliates, shareholders, directors, officers, employees, agents, contractors, subcontractors, invitees and licensees from and against any and all obligations, liabilities, claims, damages and causes of action of any kind whatsoever, including, without limitation, personal injury, death or property damages, arising out of, or in connection with my participation in the above referenced tour(s) at the American Academy of Neurology Annual meeting from April 10-17, 2010, whether or not such damages are the result of gross negligence, or other intentional acts, howsoever caused, by any employee, agent, contractor or subcontractor of American Academy of Neurology and JPdL Toronto Inc., or its affiliates. Without limiting the foregoing, I hereby waive and release American Academy of Neurology and JPdL Toronto Inc., its affiliates, shareholders, directors, officers, employees, agents, contractors, subcontractors, invitees and licensees from and against any and all actions, claims, or demands that either I, or any of my assignees, heirs, guardians, and legal representatives may now have or may hereafter have for injury, death or damage resulting from my participation in the above referenced activities.

4. I have read, understand, and agree to the terms of this transaction, assumption of risk agreement and medical statement. Each adult must sign and parent or legal guardian must sign for his or her minor.

Guest Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____

Date: _____