THE CANADIAN INSTITUTE of CHARTERED BUSINESS VALUATORS™

## "HALF-DAY SMALL PRACTICE ROUNDTABLE"

Facilitated by: Lorne Siebert, FCBV Siebert Pask in Calgary

This  $\frac{1}{2}$  day 'roundtable' is directed towards valuation practitioners working in small practices or valuation practice groups, and will provide a forum for discussion and collaboration on matters of mutual interest. The facilitators will assist the participants in a discussion of areas of common interest, based on suggestions from the participants submitted prior to the roundtable.

## This roundtable will be limited to 25 participants.

When: Wednesday September 7, 2011 (Conference is Sept. 8 & 9)

Where: The Westin Nova Scotian

1181 Hollis Street, Halifax, Nova Scotia

Room - Harbour Suite A

Time: 1:00 PM - 4:30 PM

Fee: Members, Students, Subscribers - \$ 57.50 (incl. HST. \$7.50)

Guests - \$ 80.50 (incl. GST. \$10.50)

Registration: To register on-line, please click on the following link:

https://cicbv.ca/events/half-day-small-practice-roundtable/

Or, complete the registration form below and mail, fax or email, along with payment

information, to Deborah Pelle at the Institute.

Due to limited seating, registration should be made no later than 12:00 PM, Friday August 19, 2011



## **"HALF-DAY SMALL PRACTICE ROUNDTABLE"**

When: Wednesday September 7, 2011

Where: The Westin Nova Scotia, Halifax, NS - Harbour Suite A

Time: 1:00 PM - 4:30 PM

This roundtable will be limited to the first 25 registrants only

Complete and mail, fax or email to:
Deborah Pelle

The Canadian Institute of Chartered Business Valuators
277 Wellington Street West, Suite 710
Toronto, Ontario, Canada M5V 3H2
Tel: 416.977.1117 Fax: 416.977.7066

Email: pelled@cicbv.ca

name:				
	☐ Member	□ Student	☐ Subscriber	☐ Other
Company:				
Address:				
City/Province/Postal Co	de:			
Company Telephone #: _			Email:	
FEES Members, students & su Guest	udents & subscribers: \$ 57.50 (incl. 15% HST) \$\$ 80.50 (incl. 15% HST) \$			
Refreshments will be pro	ovided during the	e afternoon brea	ak. Please indicate	e any dietary restrictions:
Please charge to: □Visa	a 🔲 MasterCa	rd 🗖 Amex	☐ Cheque payme	ent enclosed (payable to CICBV)
Card No				Exp. Date:
Cardholder:			Signature:	

## **Cancellation Policy**

No refund will be given however substitution allowed