

PTDA 2026 CANADIAN CONFERENCE Registration Form

LOGIN AND REGISTER ONLINE AT
PTDA.ORG/CANADIANCONFERENCE
OR FULLY COMPLETE THIS FORM AND
RETURN WITH PAYMENT

Except for spouses and companions, each individual
attending must register separately.

Full Name _____

Name for Badge, if different _____

Title _____

Company _____

Address _____

City _____ Province/State _____

Postal Code/ZIP _____ Country _____

Phone _____

Email _____

Linkedin URL _____

Special Dietary Needs _____

Emergency Contact Name _____

Emergency Contact Phone _____

REGISTRATION FEES*

DELEGATE REGISTRATION

	BY APRIL 27	AFTER APRIL 27	SUBTOTAL
PTDA Manufacturer/ Associate Member	US\$1,350 / C\$1,800	US\$1,500 / C\$2,000	_____
PTDA Distributor Member 1st Delegate	US\$975 / C\$1,300	US\$1,050 / C\$1,400	_____
Additional Distributor Delegate*	US\$900 / C\$1,200	US\$975 / C\$1,300	_____

*Quantity discount is available to PTDA distributor member companies
that have already registered one (1) delegate at the full conference
rate. Once one delegate from your company has registered, all
additional representatives may register at the quantity discount rate.

If you are not a member of PTDA but are interested in attending, please contact us.

Non-Member Manufacturer US\$3,000 / C\$4,000

Non-Member Distributor US\$1,800 / C\$2,400

Are you a first time PTDA Canadian Conference attendee? Yes No

DELEGATE TOTAL _____

SPOUSE/COMPANION REGISTRATION

Cost include June 2 reception, June 3 breakfast and reception
and June 4 breakfast.

Spouse/Companion Name _____

Spouse/Companion Registration US\$263 / C\$350 _____

Special Dietary Needs _____

Return payment and this form to:

PTDA

134 N. LaSalle St. | Suite 840 | Chicago, IL 60602

Fax: +1.312.516.2101 | ptda@ptda.org



PAYMENT OPTIONS (Please note, registration not final until paid in full.)

I have enclosed a check for US\$ _____

Charge my credit card US\$ _____

I am paying via ACH. Access PTDA's ACH information at ptda.org/ACH.

**Fees are provided in Canadian funds (rounded to the nearest \$5 or \$10)
as of February 17, 2026 for reference only. All payments must be made
in U.S. funds. Credit card payments will be charged in U.S. Dollars, but will
appear on your credit card statement in your local currency. For refund
policies, please see reverse side.

Credit Card Number _____

Exp. Date _____ Security Code _____

Cardholder Name _____

Cardholder Address _____

Cardholder Signature _____