2017 ICAN CANADA International Accountants' Conference & Inductions

Theme: “Economic Recession: Pathways to Turning Point”

Topics:
3. Leveraging on the Opportunities of Economic Recession

Other Activities: Medical/Health Discussion, Sports and Sightseeing.

Venue: Sheraton Toronto Airport Hotel & Conference Centre, 801 Dixon Rd, Etobicoke, ON M9W 1J5. Phone: (416) 675-6100

Date: Wednesday July 19, 2017 (Check-in) - Sunday July 23, 2017 (Check-out)

Who should attend?
- Professionals from Accounting, Public practice, Tax Practitioners, Business and Finance Directors and Managers in private companies.
- Policy makers and standard setters
- Civil Servants in Federal, State, Local Governments, Parastatals and MDAs
- Professionals in non-governmental organization (NGO)

Conference Fees: (All Fees in USD)
$1,650 – Hotel, Meals and Conference + Spouse for shared room + meals, Gala Night, and Sightseeing
$1,500 – Hotel, Meals, Conference, Gala Night and Sightseeing
$1,350 – Meals, Conference + Spouse for Gala Night and Sightseeing

Events include sightseeing: visit to best attractive tourist location(s) in Toronto Area

Please download conference form from the Institute’s website, complete and return with payment details to iadams@ican.org.ng and cobinitie@ican.org.ng

The closing date for registration Friday 21st April, 2017 (For Visa purposes) or June 16th, 2017 (for those already with valid Canadian visa)

PAYMENTS: All payments should be made into the Institute’s domiciliary account (US dollars) below:

<table>
<thead>
<tr>
<th>BANK</th>
<th>ACCOUNT NAME</th>
<th>ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>GUARANTY TRUST BANK (GT Bank)</td>
<td>INSTITUTE OF CHARTERED ACCOUNTANTS OF NIGERIA</td>
<td>000634417</td>
</tr>
</tbody>
</table>

Conference attracts MCPE/CPD: 16 Hours; CPE: 16 Hours (NASBA*). *Check with your state accountancy board for acceptance.

For more information please contact:
Adams Imonikhe  E-mail: iadams@ican.org.ng  Tel: 08067908190
Mrs F.A Olawuyi  E-mail: faolawuyi@ican.org.ng  Tel: 08025188943
Kola Oladimeji,CPA,CGA,FCA,MBA  Chairman, ICAN-Canada District  E-mail: chairman@icancanda.org  Tel: +1(780)215-4512
Rotimi A. Omotoso, MBA, FCA  Registrar/Chief Executive Institute of Chartered Accountants of Nigeria, PC 16, Iadowu Taylor Street, Victoria Island

ICAN CANADA DISTRICT SOCIETY
1.0 DELEGATE DETAILS

Membership No: ____________________ ACA ( ) FCA ( )

Title: Mr./Mrs./Dr./Chief: Surname……………………FirstName……………………MiddleName________________
(As stated in your International passport data page)

Name of Organization: …………………………………………………………………………………………………………………..……

Address ………………………………………………………………………………………………………………………………………….………

City: …………………………………………………………………………………………………………………………………………...

State: …………………………………………………………………………………………………………..Country………………………………

Position Held: ………………………………………………………………………………………………………………………………..

Email: …………………………………………………………………………………………………………………………………………..

Tel: Mobile: ………………………………………………………………………………………………………………………………………

Official Tel: ………………………………………………………………………………………………………………………………………

Fax: ……………………………………………………………………………………………………………………………………………

Passport No: …………………………………………………………………………………………………………………………………

Issuing Country: ……………………………………………………………………………………………………………………………...

Issue date: ………………………………………………………………………………………………………………………………………

Expiration date: …………………………………………………………………………………………………………………………………

Sport: …………………………………………………………………………………………………………………………………………

(Indicate sporting activity to participate in)

2.0 CONFERENCE FEES

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>REGISTRATION FEES(USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotel, Meals and Conference + Spouse for shared room + meals, Gala Night, and Sightseeing</td>
<td>1650</td>
</tr>
<tr>
<td>Hotel, Meals, Conference, Gala Night and Sightseeing</td>
<td>1500</td>
</tr>
<tr>
<td>Meals, Conference + Spouse for Gala Night and Sightseeing</td>
<td>1350</td>
</tr>
</tbody>
</table>

3.0 SPOUSE’S DETAILS

Title: …….. Surname……………………….First Name…………………………………Middle Initial: …………………

Email: ……………………………………………………………………………………………………………………………………………

Tel: ……………………………………………………………………………………………………………………………………………
4.0 REGISTRATION PROCESS/PAYMENT DETAILS
Please download conference form for the Institute’s website, complete and scan along with payment
details to: iadams@ican.org.ng

All payments should be made into the Institute’s domiciliary accounts (US Dollars) below:

| Account Name: Institute of Chartered Accountants of Nigeria |
|-----------------|-----------------|-----------------|
| Bank Name       | Account No      | Amount Paid($)  |
| GUARANTY TRUST BANK PLC | 0000634417     |                 |

The closing date for registration is 21st April, 2017 (For Visa purposes) or 16 June 2017 (for those already
with valid Canadian visa)

For any enquiry, please contact:
- Adams Imonikhe Tel: 08067908190 Email: iadams@ican.org.ng
- Folake Olawuyi (Mrs) Tel: 08023188943 Email: faolawuyi@ican.org.ng
- Ibukun Aruleba Tel: +1(780)8388787 Email: chairman@icancanada.org

5.0 CANCELLATIONS AND REFUNDS POLICY

For members who desire to withdraw from participation after payment, the following rules apply:

a. All cancellation requests must be received in writing. Email should be sent to: iadams@ican.org.ng
b. Refund of 100% of fees paid, less administration charge ($200), will be returned on request if
cancellation is thirty days or more prior to the event.
c. Refund of 50% of fees paid, less administration charge($200) will be returned on request if
cancellation is made between fifteen and thirty days prior to the event.
d. No refund will be made if cancellation is less than fifteen days prior to the event. e. Payments made
cannot be deferred to another year.
f. Refunds(less administrative charge of $100) to delegates denied Visa would be made 60 working days
after the Conference.
g. No refund will be made once visa is issued for the purpose of attending this conference, but
participant subsequently declines attendance.

Special Note: By signing this form, you agree to be bound by the terms and conditions of both the
registration and participation at the conference and the organizers of the conference are harmless of
any liability whatsoever.
Delegate’s Signature/Date:........................................