

conference | October 5, 6, 7

Moving forward in economic development
and sustainability, technology and healing.



#OPPI2021 #NOWWHAT2021

OPPI CONFERENCE



NOW.WHAT.

Corporate Package Registration

Organizations with 6-10 registrations:

Minimum of 6 registrants required.	\$2,250
HST (#R127751659) 13% =	\$292.50
TOTAL=	<u>\$2, 542.50</u>

Organizations with 11-15 registrations

Minimum of 11 registrants required.	\$4,250
HST (#R127751659) 13% =	\$552.50
TOTAL=	<u>\$4,802.50</u>

Payments can be made by Visa, Mastercard, Amex or Cheque

- Cheque - *Please make payable to:* Visa Mastercard Amex

Ontario Professional Planners Institute
c/o Absolute Conferences & Events Inc.
2140A Queen Street East,
PO Box #539
Toronto, ON M4E 3V7

Card # _____

Exp. Date ___/___ CVV: _____

Cardholder's Name: _____

Signature: _____

Please complete all necessary information and return to oppi@absolutevents.com to complete the corporate registration.

Attendee #1 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #2 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #3 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #4 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #5 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #6 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #7 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #8 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #9 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #10 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #11 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #12 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #13 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #14 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	

Attendee #15 Registration Information:

First Name:	Last Name:	
Organization:	Title:	
Email:	Telephone #:	Ext:
Member ID:	Mobile #:	
OPPI Certification (RPP, Ret RPP):	CC Email:	
Address Line 1:	Address Line 2:	
City:	Province	
Postal Code:	Country:	
Age Range (you can leave blank):	OPPI District	