

**Membership Renewal Form CAED 2009**  
 (please mail the form back, or fax it to (514) 769-6158 or RENEW ONLINE at www.caed.ca)

**PLEASE MAKE ANY NECESSARY CORRECTIONS ON YOUR INFORMATION IF NECESSARY**

I HEREBY AUTHORIZE THE CAED TO DEBIT MY CARD FOR MY 2009 MEMBERSHIP RENEWAL.

Payment: Card N: \_\_\_\_\_  
 Expiry : \_\_\_\_/\_\_\_\_



Card name: \_\_\_\_\_ Signature: \_\_\_\_\_

CAED Membership fees for the year are set at **\$160**

I would like to have the Paid listing for my practice on the CAED's website:  \$ 49.99

Please check the meeting(s) that you will be attending:

<b>CAED -PDC Vancouver March 6-7 2009</b>	<b>CAED – Dalhousie Halifax May 2<sup>nd</sup> 2009</b>	<b>CAED – University of Toronto Toronto September 11<sup>th</sup> 2009</b>	<b>CAED-SDE Sherbrooke September 25<sup>th</sup> 2009</b>
O Yes O No	O Yes O No	O Yes O No	O Yes O No

<b>CAED meeting Thunder Bay October 30<sup>th</sup> 2009</b>	<b>CAED Joliette November 14<sup>th</sup> 2009</b>	<b>CAED –AO Winnipeg December 5<sup>th</sup> 2009</b>
O Yes O No	O Yes O No	O Yes O No

<b>CAED–OAGD-SADA Toronto January 23rd 2009</b>	<b>CAED–OAGD-SADA Toronto February 20th 2009</b>	<b>CAED–OAGD-SADA Toronto March 27th 2009</b>	<b>CAED–OAGD-SADA Toronto April 16th 2009</b>	<b>CAED–OAGD-SADA Toronto May 15th 2009</b>
O Yes O No	O Yes O No	O Yes O No	O Yes O No	O Yes O No